APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA
2025 OCT 30 PM 12:11

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. **Name of Candidate** (in this order: First, Middle, Last): (Please Print or Type Name)	3. **Address** (include PO Box or Street, City, State, Zip Code):
David T. O'Keefe	PO Box 13652 Tallahassee, FL 32317

4. **Telephone:**	5. **Candidate's Voter Registration #:**	6. **Email Address:**
(850) 363-1451	105184038 (not required for qualifying purposes)	david@davidforleon.com

7. **Office Sought** (include district, circuit, group, or seat #):	8. **If a candidate for a nonpartisan office, check the box if applicable:**
Leon County Commission District Five	☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ _____ Party candidate.

10. I have appointed the following person to act as my: ☒ Campaign Treasurer ☐ Deputy Treasurer

11. **Name of Treasurer or Deputy Treasurer:**	12. **Telephone:**	13. **Email Address:**
David T. O'Keefe	(850) 363-1451	david@davidforleon.com

14. **Mailing Address:**	15. **City:**	16. **State:**	17. **Zip Code:**
PO Box 13652	Tallahassee	FL	32317

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. **Name of Bank:**	20. **Address:**
Capital City Bank	217 North Calhoun Street

21. **City:**	22. **County:**	23. **State:**	24. **Zip Code:**
Tallahassee	Leon	FL	32301

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. **Date:**	26. **Signature of Candidate:**
10/30/2025	X [signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, David T. O'Keefe do hereby accept the appointment designated above as:
(Please Print or Type Name)

☒ Campaign Treasurer. ☐ Deputy Treasurer.

28. **Date:**	29. **Signature of Campaign Treasurer or Deputy Treasurer**
10/30/2025	X [signature]

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

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I, David T. O'Keefe ,

candidate for the office of Leon County Commission District 5 ;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X _____
Signature of Candidate

10/30/2025
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to $1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).