

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2025 AUG 18 PM 1:59

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

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)

Bill Proctor

3. Address (include PO Box or Street, City, State, Zip Code):

Post Office Box 10835
Tallahassee, FL 32302

4. Telephone:

(850) 322-9671

5. Candidate's Voter Registration #:

105008150

(not required for qualifying purposes)

6. Email Address:

7. Office Sought (include district, circuit, group, or seat #):

Leon County Commissioner, District One

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ 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:

Chauncy E. Haynes

12. Telephone:

(850) 671-2281

13. Email Address:

cehkap@aol.com

14. Mailing Address:

Post Office Box 10835

15. City:

Tallahassee

16. State:

Florida

17. Zip Code:

32302

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

19. Name of Bank:

Capital City Bank

20. Address:

217 North Calhoun Street

21. City:

Tallahassee

22. County:

Leon

23. State:

Florida 32301

24. Zip Code:

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:

18 August 2025

26. Signature of Candidate:

X Bill Proctor

27.

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

I, Chauncy E. Haynes

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

18 August 2025

29. Signature of Campaign Treasurer or Deputy Treasurer

X Chauncy E. Haynes

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

REC. OFFICE USE ONLY
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

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I, Bill Proctor,
candidate for the office of County Commissioner, District One ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

Bill Proctor

Signature of Candidate

18 August 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).