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
2026 JUN 22 PM 2:36

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)
Jared Randolph Rackley

3. Address (include PO Box or Street, City, State, Zip Code):
1845 N Martin Luther King Blvd #3273 Talla FL, 32303

4. Telephone:
(770)570-6317

5. Candidate's Voter Registration #:
105142078
(not required for qualifying purposes)

6. Email Address:
LetsGrowtallahasseeJRR Seat 2 @gmail.com

7. Office Sought (include district, circuit, group, or seat #):
Tallahassee City Commission Seat 2

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:
Jared Rackley

12. Telephone:
(770)570-6317

13. Email Address:
LetsGrowtallahasseeJRR Seat2@gmail.com

14. Mailing Address:
1845 N. Martin Luther King Blvd #3273

15. City:
Talla

16. State:
Floride

17. Zip Code:
32303

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

19. Name of Bank:
VyStar Credit Union

20. Address:
3208 Mahan drive

21. City:
Tallahassee

22. County:
Leon

23. State:
Florida

24. Zip Code:
32308

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:
6/22/2026

26. Signature of Candidate:
X [signature]

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

I, Jared Rackley (Please Print or Type Name) do hereby accept the appointment designated above as:

☑ Campaign Treasurer. ☐ Deputy Treasurer.

28. Date:
6/22/2026

29. Signature of Campaign Treasurer or Deputy Treasurer
X [signature]

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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I, Jared Randolph Rackley,

candidate for the office of City Commission Seat 2;

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

I swear or affirm that I meet, or will meet at the time of election for the office sought or at the time of assuming the office, as applicable, all statutory and constitutional qualifications for the office sought.

Signature of Candidate 6/22/26 **Date**

STATE OF FLORIDA

COUNTY OF Leon

Signature of Officer Administering Oath
Affix Seal Below or, if judge, provide name, title, and court (s. 92.50, F.S.)

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ *OR* physical presence ☑

this 22 day of June, 2026.

Notary Public State of Florida
Cory Paul Logan
My Commission HH 440701
Expires 9/23/2027

Personally Known ☐ *OR* Produced Identification ☑ Type of Identification Produced: FL DL

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).