

**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

2026 MAR 26 PM 2: 24

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)

JAMES G REZLY JR

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

2303 Kara Dr TLH, FL 32303

4. Telephone:

(950) 339-8468

5. Candidate's Voter Registration #:

105 019905
(not required for qualifying purposes)

6. Email Address:

JAMESREZLY1970@GMAIL.COM

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

LEON COUNTY SCHOOL BOARD DISTRICT 5

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:

JAMES G REZLY JR

12. Telephone:

(950) 339 8468

13. Email Address:

JAMESREZLY1970@GMAIL.COM

14. Mailing Address:

2303 Kara Dr

15. City:

TALAHASSEE

16. State:

FL

17. Zip Code:

32303

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

19. Name of Bank:

FIRST COMMERCIAL CREDIT UNION

20. Address:

1741 Old St Augustine Rd

21. City:

TALAHASSEE

22. County:

LEON

23. State:

FL

24. Zip Code:

32303

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:

3/26/26

26. Signature of Candidate:

X

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

I, JAMES G REZLY JR do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

3/26/26

29. Signature of Campaign Treasurer or Deputy Treasurer

X

**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

2026 MAR 26 PM 1:31

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)

JAMES G REILLY JR

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

2303 KARA DR
TALLAHASSEE, FL 32303

4. Telephone:

(850) 339-8468

5. Candidate's Voter Registration #:

105019905
(not required for qualifying purposes)

6. Email Address:

JAMESREILLY@gmail.com

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

LEON COUNTY SCHOOL BOARD DISTRICT 5

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:

JAMES G REILLY JR

12. Telephone:

(850) 339-8468

13. Email Address:

JAMESREILLY1970@gmail.com

14. Mailing Address:

2303 KARA DR

15. City:

TALLAHASSEE

16. State:

FLORIDA

17. Zip Code:

32303

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

19. Name of Bank:

GULF WINDS CREDIT UNION

20. Address:

133 N. MOWAT ST

21. City:

TALLAHASSEE

22. County:

LEON

23. State:

FL

24. Zip Code:

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:

3/26/2026

26. Signature of Candidate:

X

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

I, JAMES G REILLY JR
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

3/26/26

29. Signature of Campaign Treasurer or Deputy Treasurer

X

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2026 MAR 26 PM 1:31

I, JAMES G ROZEE JR,

candidate for the office of LEON COUNTY SCHOOL BOARD DISTRICT 5

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

X



Signature of Candidate

3/26/26

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).