

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

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

(PLEASE PRINT OR TYPE)

LEON COUNTY FLORIDA
2025 JUL -7 AM 8:38

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)

Norm Roche

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

2795 Blairstone Ct, Tallahassee, Florida 32301

4. Telephone:

(727) 458-8288

5. Candidate's Voter Registration #:

106793484

(not required for qualifying purposes)

6. Email Address:

norm@norm4tccs3.com

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

Tallahassee City Commission, Seat 3

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:

Norm Roche

12. Telephone:

(727) 458-8288

13. Email Address:

norm@norm4tccs3.com

14. Mailing Address:

2795 Blairstone Ct.

15. City:

Tallahassee

16. State:

Florida

17. Zip Code:

32301

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

19. Name of Bank:

Truist

20. Address:

102 N BLAIRSTONE RD

21. City:

Tallahassee

22. County:

Leon

23. State:

Florida

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:

07/07/2025

26. Signature of Candidate:

X Norm Roche

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

I, Norm Roche

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

07/07/2025

29. Signature of Campaign Treasurer or Deputy Treasurer

X Norm Roche

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY
LEON COUNTY, FLORIDA

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I, Norm Roche,
candidate for the office of Tallahassee City Commission, Seat 3 ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

Norm Roche

Signature of Candidate

07/07/2025

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).