

**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

2024 JAN 17 2:10 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)

CYDNEE BROWN

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

PO Box 212
Tallahassee FL 32302

4. Telephone:

(850) 901-8186

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

Cydneebrown4judge24@gmail.com

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

Leon County Judge Seat 4

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:

CYDNEE BROWN

12. Telephone:

(850) 901-8186

13. Email Address:

Cydneebrown4judge24@gmail.com

14. Mailing Address:

PO Box 212

15. City:

Tallahassee

16. State:

FL

17. Zip Code:

32302

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

19. Name of Bank:

20. Address:

21. City:

22. County:

23. State:

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: 17 JAN 2024

26. Signature of Candidate:

X 

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

CYDNEE BROWN

I, _____ do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 17 JAN 2024

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

2022 AUG -8 A 10:19

NOTE: This form must be on file with the qualifying 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) **CYDNEE BROWN** 3. Address (include post office box or street, city, state, zip code)
**1700 N MONROE ST #11-309
TALLAHASSEE FL 32303**

4. Telephone **(850) 216-1010** 5. E-mail address **Cydnee@cydneebrowns.com**

6. Office sought (include district, circuit, group number) **Leon County Judge Seat 4** 7. If a candidate for a nonpartisan office, check if applicable:
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a
 Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer **Doris M Brickhouse-Hayes**

11. Mailing Address **3221 Jim Lee Rd** 12. Telephone **(850) 322-5450**

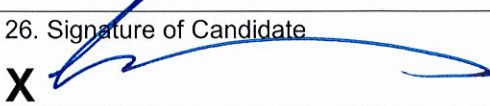
13. City **Tallahassee** 14. County **Leon** 15. State **FL** 16. Zip Code **32301** 17. E-mail address **dmbhayes@aol.com**

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank **FLORIDA Commerce Credit Union** 20. Address **2330 Mohan Dr**

21. City **Tallahassee** 22. County **LEON** 23. State **FL** 24. Zip Code **32308**

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

25. Date **8 Aug 2022** 26. Signature of Candidate **X** 

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

I, **DORIS M. BRICKHOUSE-HAYES**, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8-8-2022 **X** 
Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

Received LCSOE

05/16/2023

I, CYDNEE BROWN ,

candidate for the office of COUNTY JUDGE ;

have been provided access to read and understand the requirements of .

Chapter 106, Florida Statutes.

X

Signature of Candidate

05-15-2023

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).

**STATEMENT OF
CANDIDATE
FOR JUDICIAL OFFICE**

(Section 105.031(5), F.S.)

(Please Type)

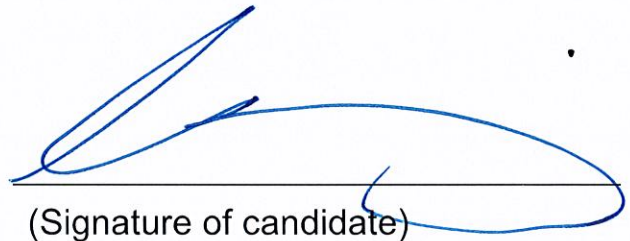
OFFICE USE ONLY

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2022 AUG -8 A 10:19

I, CYDNEE BROWN

a judicial candidate, have received, read, and understand the requirements of the Florida Code of Judicial Conduct.


(Signature of candidate)

8 AUG 2022

(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

Mark S. Earley
Supervisor of Elections Leon County, Florida
RECEIPT FOR QUALIFYING FEE

RECEIVED

2024 APR 22 P 12:05


SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

Received this 22 day of April, 2024 from Cydnee Brown,
(Candidate's name)
campaign check number 0106 in the amount of \$ 7,224.64, made payable to

the Leon County Supervisor of Elections, the qualifying fee for the office of

Leon County Judge.

(Office sought)



SOE Staff Signature

QUALIFYING FEES

Office	Qualifying Fee
Constitutional Offices – Non-Partisan (excluding Sheriff)	\$6,399.52
Constitutional Offices – Partisan (excluding Sheriff)	\$9,599.28
Sheriff – Non-	\$7,833.52
Sheriff - Partisan	\$11,750.28
Leon County Judge	\$7,224.64
Leon County Commission	\$3,623.07
Leon County School Board	\$1,763.68
Tallahassee City Commission	\$452.87
Leon Soil & Water Conservation District Supervisor	\$25.00
Capital Region Community Development District (CDD)	\$25.00
Piney-Z Community Development District (CDD)	\$25.00

*Note:

1. The qualifying fees are based on a percentage of the salary as of July 1, 2023, per 99.092(1) F.S.
2. The qualifying fee for a candidate running for a **non-partisan county office or as a NPA candidate for partisan office** (excluding CDDs and Special Districts) is 4% of the annual salary of the office (3% filing fee; 1% election assessment fee) per 99.092(1) F.S.
3. The qualifying fee for a candidate running with a party affiliation in a **partisan** race (excluding CDDs and Special Districts) is 6% of the annual salary of the office (2% party assessment; 3% filing fee; 1% election assessment fee) per 99.092(1) F.S.
4. The qualifying fee for **non-partisan city commission office** is 1% of the annual salary per the City of Tallahassee Charter.
5. No fee shall be returned to the candidate unless the candidate withdraws his/her candidacy prior to the end of qualifying per 99.092(1) F.S.

**CANDIDATE OATH
JUDICIAL OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

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2024 APR 22 P 12:05

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA
OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: CYDNEE BROWN

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the judicial office of LEON County Judge, District #

4 (Circuit #), 4 (Group or Seat #); my legal residence is LEON County, Florida;

I am a qualified elector of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the constitution and laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent to the office I seek; I have resigned from any office which I am required to resign pursuant to s. 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 105.031(4) F.S.).

YES, I Do NO, I Do Not

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Signature of Candidate (850) 510-5951 Telephone Number cydnee.brown4judge24@gmail.com Email Address

3148 Dick Address of Legal Residence Tallahassee City FL State 3230 ZIP Code

STATE OF FLORIDA
COUNTY OF Leon

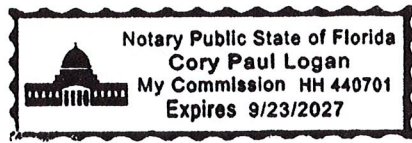
[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 22 day of April, 2025.

Personally Known OR Produced Identification

Type of Identification Produced: FL DL



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

SID-nee Brown (rhyme: clown)

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____ I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: _____

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

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

of online notarization OR physical presence

this _____ day of _____, 20_____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

2023 Form 6 - Full and Public Disclosure of Financial Interests

RECEIVED

2024 APR 22 P 12:06

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

General Information

Name: Cydnee Brown
Address: 1700 N MONROE ST, TALLAHASSEE, FL 32303
County: Leon

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Judge	Leon County	Seat 4

Net Worth

My Net Worth as of December 31, 2023 was \$ 25,000.00.

2023 Form 6 - Full and Public Disclosure of Financial Interests

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Lincoln Drive, Gadsden County	\$ 30,000.00
Florida Prepaid College Plan	\$ 28,000.00
First Commerce CU	\$ 5,000.00
Navy Federal CU	\$ 2,000.00
Campaign Loan	\$ 14,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
SBA	409 3rd St, SW. Washington DC 20416	\$ 25,000.00
US Dept of Education	PO Box 300001, Greenville, TX 75403	\$ 34,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2023 Form 6 - Full and Public Disclosure of Financial Interests

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Cydnee Brown Attorney at Law	1700 N Monroe St, Tallahassee, FL 32303	\$ 25,000.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1

N/A

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Cydnee Brown

Digitally signed: 04/19/2024

For Qualifying
Purposes Only