

**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 11 P 2:14

SUPERVISOR OF ELECTIONS OFFICE USE ONLY
LEON COUNTY, FLORIDA

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)

Joseph Lamar Burgess

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

PO Box 16032
Tallahassee, FL 32317

4. Telephone:

(850)274-4330

5. Candidate's Voter Registration #:

105079208

(not required for qualifying purposes)

6. Email Address:

jlb5251@yahoo.com

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

Leon County Superintendent of Schools

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:

Jonathan Brill

12. Telephone:

(813)733-0070

13. Email Address:

jonathan@computare.partners

14. Mailing Address:

701 S. Howard Avenue #106-813

15. City:

Tampa

16. State:

FL

17. Zip Code:

33606

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

19. Name of Bank:

Campus USA Credit Union

20. Address:

1511 Killearn Center Blvd.

21. City:

Tallahassee

22. County:

Leon

23. State:

FL

24. Zip Code:

32309

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: 1/8/2024

26. Signature of Candidate:

X

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

I, Jonathan Brill do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 1/8/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X *Jonathan E Brill*

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2023 DEC 20 A 10:08

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA 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)

Joseph Lamar Burgess

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

P.O. Box 16032, Tallahassee, FL 32317

4. Telephone:

(850) 274-4330

5. Candidate's Voter Registration #:

105079208

(not required for qualifying purposes)

6. Email Address:

jlb5251@yahoo.com

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

Leon County Superintendent of Schools

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:

Helen Lile

12. Telephone:

(812) 320-7352

13. Email Address:

helenlile@yahoo.com

14. Mailing Address:

2092 Ox Bottom Rd.

15. City:

Tallahassee

16. State:

FL

17. Zip Code:

32312

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

19. Name of Bank:

Campus USA Credit Union

20. Address:

1511 Killearn Center Blvd.

21. City:

Tallahassee

22. County:

Leon

23. State:

FL

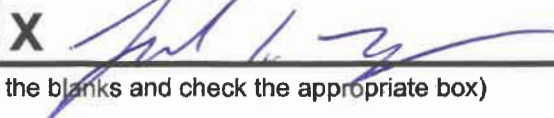
24. Zip Code:

32309

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: 12-20-23

26. Signature of Candidate:

X 

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

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

Campaign Treasurer.

Deputy Treasurer.

28. Date: 12-20-23

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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2023 DEC 20 A 10:08

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

I, Joseph L. Burgess ,

candidate for the office of Leon County Superintendent of Schools ;

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

X



Signature of Candidate

12-20-23

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).