

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2024 MAR -6 P 4:08

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

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)

Melinda Coonrod

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

4. Telephone:

5. Candidate's Voter Registration #:

6. Email Address:

105014586

(not required for qualifying purposes)

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:

Melinda Coonrod

12. Telephone:

13. Email Address:

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

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

19. Name of Bank:

Capital City Bank

20. Address:

1301 Metropolitan Blvd.

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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: 3/6/24

26. Signature of Candidate:

X Melinda W. Coonrod

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

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

Campaign Treasurer.

Deputy Treasurer.

28. Date: 3/6/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X Melinda W. Coonrod

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

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

(PLEASE PRINT OR TYPE)

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2023 NOV 27 A 9 10

OFFICE USE ONLY

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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)

Melinda Coonrod

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

4. Telephone:

5. Candidate's Voter Registration #:

105014586

(not required for qualifying purposes)

6. Email Address:

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

Leon County Judge, Seat 4

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I intend to run as a Write-In Candidate.

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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:

Melinda Coonrod

12. Telephone:

13. Email Address:

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

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

19. Name of Bank:

Capital City Bank

20. Address:

1301 Metropolitan Blvd.

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Tallahassee

22. County:

Leon

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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:

11/27/23

26. Signature of Candidate:

X *Melinda W. Coonrod*

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

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

Campaign Treasurer.

Deputy Treasurer.

28. Date:

11/27/23

29. Signature of Campaign Treasurer or Deputy Treasurer

X *Melinda W. Coonrod*

**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

2023 NOV 21 P 2:36

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)

Melinda Coonrod

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

4. Telephone:

5. Candidate's Voter Registration #:

6. Email Address:

105014586

(not required for qualifying purposes)

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:

J. Andrew Gay

12. Telephone:

(850) 385-1120

13. Email Address:

andrew@grimsleycpa.com

14. Mailing Address:

1427 Piedmont Drive East, Suite 2

15. City:

Tallahassee

16. State:

FL

17. Zip Code:

32308

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

19. Name of Bank:

Capital City Bank

20. Address:

1301 Metropolitan Blvd.

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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

11/21/23

26. Signature of Candidate:

X *Melinda W. Coonrod*

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

I, J. Andrew Gay

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

11/21/23

29. Signature of Campaign Treasurer or Deputy Treasurer

X

J. Andrew Gay

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

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

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RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2023 NOV 13 P 1:39

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)
Melinda Coonrod

3. Address (include post office box or street, city, state, zip code)

4. Telephone

5. E-mail address

6. Office sought (include district, circuit, group number)

Leon
County Court 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
Melinda Coonrod

11. Mailing Address

12. Telephone

13. City

14. County

15. State

16. Zip Code

17. E-mail address

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

19. Name of Bank
Capital City Bank

20. Address
1301 Metropolitan Blvd.

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

11/13/23

26. Signature of Candidate

X Melinda W. Coonrod

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

I, Melinda Coonrod, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

X Melinda W. Coonrod

**STATEMENT OF
CANDIDATE
FOR JUDICIAL OFFICE**

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

(Please Type)

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2023 NOV 13 P 1:39

I, Melinda Coonrod

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

Melinda D. Coonrod
(Signature of candidate)

11/13/23
(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.

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2023 NOV 13 P 1:39

I, Melinda Coonrod ,

candidate for the office of Leon County Judge, Seat 4 ;

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

X Melinda D. Coonrod
Signature of Candidate

11/13/23
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).