

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

123 MAY -1 A 11: 13

PERMISSION OF ELECTIONS  
LEON COUNTY, FLORIDA

**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)

Carolyn D. Cummings

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

462 West Brevard Street  
Tallahassee, Florida 32301

**4. Telephone**

(850 ) 671-2281

**5. E-mail address**

cehKap@aol.com

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

Leon County Commission - At Large, Group 1

**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**

Chauncy E. Haynes

**11. Mailing Address**

Post Office Box 10835

**12. Telephone**

( 850 ) 671-2281

**13. City**

Tallahassee

**14. County**

Leon

**15. State**

Florida

**16. Zip Code**

32302

**17. E-mail address**

cehkap@aol.com

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

**19. Name of Bank**

Capital City Bank

**20. Address**

217 Calhoun Street

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

**25. Date**

May 1, 2023

**26. Signature of Candidate**

**X** *Carolyn D. Cummings*

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

I, Chauncy E. Haynes, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

May 1, 2023

Date

**X** *Chauncy E. Haynes*

Signature of Campaign Treasurer or Deputy Treasurer

**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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**123 MAY -1 A 11: 13**

**SUPERVISOR OF ELECTIONS  
BUN COUNTY, FLORIDA**

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**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)

Carolyn D. Cummings

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

462 West Brevard Street  
Tallahassee, Florida 32301

**4. Telephone**

(850 ) 671-2281

**5. E-mail address**

cehKap@aol.com

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

Leon County Commission - At Large, Group 1

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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**

Carolyn D. Cummings

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**12. Telephone**

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**14. County**

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**25. Date**

May 1, 2023

**26. Signature of Candidate**

*Carolyn D. Cummings*

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

I, Carolyn D. Cummings, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

May 1, 2023

Date

*Carolyn D. Cummings*

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

**RECEIVED**

2023 MAY -1 A 11: 12

SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

I, Carolyn D. Cummings,

candidate for the office of Leon County Commission - At Large, Group 1;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Carolyn D. Cummings  
Signature of Candidate

May 1, 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).