

**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

2023 DEC 15 P 3:51

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)

MARK S. EARLEY

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

4. Telephone:

5. Candidate's Voter Registration #:

105013803

(not required for qualifying purposes)

6. Email Address:

vote4earley@gmail.com

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

LEON COUNTY SUPERVISOR OF ELECTIONS

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. DEMOCRATIC Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:

MARK S EARLEY

12. Telephone:

13. Email Address:

vote4earley@gmail.com

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:

217 N. MONROE ST

21. City:

TALLAHASSEE

22. County:

LEON

23. State:

FL

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: 12-15-2023

26. Signature of Candidate:

X 

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

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

Campaign Treasurer.

Deputy Treasurer.

28. Date: 12/15/2023

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

**STATEMENT OF
CANDIDATE**


(Section 106.023, F.S.)

(Please print or type)

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I, MARK S. EARLEY,
candidate for the office of LEON COUNTY SUPERVISOR OF ELECTIONS,
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X  12/15/2023
Signature of Candidate 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).