

**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 qualifying officer before opening the campaign account.

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2023 JUN -6 P 12:04

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)
Dorothy Inman-Johnson

3. Address (include post office box or street, city, state, zip code)
2121 Trescott Drive
Tallahassee, FL 32308

4. Telephone
(850) 445-8807

5. E-mail address
dotinman-johnson@hotmail.com

6. **Office sought** (include district, circuit, group number)
Tallahassee City Commission, Seat 2

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
Adner Marcelin

11. Mailing Address
3581 Coyote Creek Drive

12. Telephone
(850) 284-9880

13. City
Tallahassee

14. County
Leon

15. State
FL

16. Zip Code
32301

17. E-mail address
heyadner@gmail.com

18. **I have designated the following bank as my** 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 APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date
06-06-2023

26. Signature of Candidate



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

ADNER MARCELIN

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

designated above as: Campaign Treasurer Deputy Treasurer.

06-06-2023



Date

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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I, Dorothy Inman-Johnson,

candidate for the office of Tallahassee City Commission, Seat 2;

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

X


Signature of Candidate

06-06-2023

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).