

**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

2024 FEB 12 P 2:11

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)

Doris Maloy

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

PO Box 6701, Tallahassee, FL 32314

**4. Telephone:**

( 850 ) 933-4882

**5. Candidate's Voter Registration #:**

104989522

(not required for qualifying purposes)

**6. Email Address:**

maloy87@comcast.net

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

Leon County Tax Collector

**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.  Democrat Party candidate.

**10. I have appointed the following person to act as my:**

Campaign Treasurer

Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Self (Doris Maloy)

**12. Telephone:**

( 850 ) 933-4882

**13. Email Address:**

maloy87@comcast.net

**14. Mailing Address:**

PO Box 6701

**15. City:**

Tallahassee

**16. State:**

FL

**17. Zip Code:**

32314

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

**19. Name of Bank:**

VyStar Credit Union

**20. Address:**

3208 Mahan Dr.

**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:** February 10, 2024

**26. Signature of Candidate:**

X *Doris Maloy*

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

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

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** Feb. 12, 2024

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X *Doris Maloy*

**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

2024 JAN 17 P 2:26

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)

Doris Maloy

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

PO Box 6701, Tallahassee, FL 32314

**4. Telephone:**

850-933-4882

**5. Candidate's Voter Registration #:**

104989522

(not required for qualifying purposes)

**6. Email Address:**

maloy87@comcast.net

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

Leon County Tax Collector

**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.  Democrat Party candidate.

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

**11. Name of Treasurer or Deputy Treasurer:**

Connie McCaskill

**12. Telephone:**

850-877-3054

**13. Email Address:**

conniemccaskill@embarqmail.com

**14. Mailing Address:**

754 Riggins Road

**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:**

Hancock Whitney Bank

**20. Address:**

2453 Mahan Drive

**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:** January 17, 2024

**26. Signature of Candidate:**

X *Doris Maloy*

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

I, CONNIE L. MCCASKILL  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** January 17, 2024

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X *Connie L. McCaskill*

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2024 JAN 17 P 2: 26

I, Doris Maloy,

candidate for the office of Leon County Tax Collector;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

January 17, 2024

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).