

**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 JUN -9 P 4:01

**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)**

Jacqueline "Jack" Porter

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

P.O. Box 11243, Tallahassee, FL 32302

**4. Telephone**

(954) 554 0754

**5. E-mail address**

jack@jackforallahassee.com

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

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**

Jacqueline "Jack" Porter

**11. Mailing Address**

P.O. Box 11243

**12. Telephone**

(954) 554 0754

**13. City**

Tallahassee

**14. County**

Leon

**15. State**

FL

**16. Zip Code**

32302

**17. E-mail address**

jack@jackforallahassee.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 Calhoun St

**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**

6/8/2023

**26. Signature of Candidate**

X 

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

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

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/8/2023  
Date

X

  
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)

RECEIVED  
TALLAHASSEE COUNTY  
CLERK OF COURTS

2023 FEB 24 A 11:33

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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)

Jacqueline "Jack" Porter

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

115 N Franklin Blvd, Apt B, Tallahassee FL 32301

**4. Telephone**

(954 ) 554-0754

**5. E-mail address**

jack@jackfortallahassee.com

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

Tallahassee City Commission, Seat 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**

Self *Jacqueline "Jack" Porter*

**11. Mailing Address**

*115 N Franklin Blvd Apt B*

**12. Telephone**

*(954) 554-0754*

**13. City**

*Tallahassee*

**14. County**

*Leon*

**15. State**

*FL*

**16. Zip Code**

*32301*

**17. E-mail address**

*jack@jackfortallahassee.com*

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**21. City**

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Leon

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**25. Date**

02/24/2023

**26. Signature of Candidate**

*X*

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

I, *Jacqueline "Jack" Porter*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

*02/24/2023*

Date

*X*

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY  
RECEIVED  
SUPERVISOR OF  
LEARN COUNCIL

2023 FEB 24 A 11:33

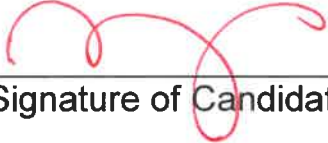
I, Jacqueline "Jack" Porter,

candidate for the office of Tallahassee City Commission *Seat 1*

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

  
\_\_\_\_\_  
Signature of Candidate

02/24/2023

\_\_\_\_\_  
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).