

**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 MAY 15 P 1:49

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)

Monique Richardson

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

[REDACTED]

4. Telephone

[REDACTED]

5. E-mail address

[REDACTED]

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

Leon County Court Judge, Seat 3

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 North Monroe 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

15 May 2023

26. Signature of Candidate

X 

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.

15 May 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)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

RECEIVED

2023 MAY 15 P 1:45

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

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)

Monique Richardson

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

[REDACTED]

4. Telephone

[REDACTED]

5. E-mail address

[REDACTED]

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

Leon County Court Judge, Seat 3

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

Monique Richardson

11. Mailing Address

[REDACTED]

12. Telephone

[REDACTED]

13. City

[REDACTED]

14. County

[REDACTED]

15. State

[REDACTED]

16. Zip Code

[REDACTED]

17. E-mail address

[REDACTED]

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

19. Name of Bank

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217 North Monroe 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

15 May 2023

26. Signature of Candidate

X 

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

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

designated above as: Campaign Treasurer Deputy Treasurer

15 May 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

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2023 MAY 15 P 1:49

I, Monique Richardson,

candidate for the office of Leon County Court Judge, Seat 3;

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

X



Signature of Candidate

May 15, 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).

**STATEMENT OF
CANDIDATE
FOR JUDICIAL OFFICE**

(Section 105.031(5), F.S.)

(Please Type)

OFFICE USE ONLY

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

MAY 15 P 1:49

I, Monique Richardson

a judicial candidate, have received, read, and understand the requirements of the Florida Code of Judicial Conduct.



(Signature of candidate)

May 15, 2023

(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

Mark S. Earley
Supervisor of Elections Leon County, Florida
RECEIPT FOR QUALIFYING FEE

RECEIVED

2024 APR 24 P 3:34

Received this 24th day of April, 2024 from Monique Richardson
(Candidate's name)
 campaign check number 000301 in the amount of \$ 7224.64, made payable to

the Leon County Supervisor of Elections, the qualifying fee for the office of

Leon County Judge seats

(Office sought)


 SOE Staff Signature

QUALIFYING FEES

Office	Qualifying Fee
Constitutional Offices – Non-Partisan (excluding Sheriff)	\$6,399.52
Constitutional Offices – Partisan (excluding Sheriff)	\$9,599.28
Sheriff – Non-	\$7,833.52
Sheriff - Partisan	\$11,750.28
Leon County Judge	\$7,224.64
Leon County Commission	\$3,623.07
Leon County School Board	\$1,763.68
Tallahassee City Commission	\$452.87
Leon Soil & Water Conservation District Supervisor	\$25.00
Capital Region Community Development District (CDD)	\$25.00
Piney-Z Community Development District (CDD)	\$25.00

***Note:**

1. The qualifying fees are based on a percentage of the salary as of July 1, 2023, per 99.092(1) F.S.
2. The qualifying fee for a candidate running for a **non-partisan county office** or as a **NPA candidate for partisan office** (excluding CDDs and Special Districts) is 4% of the annual salary of the office (3% filing fee; 1% election assessment fee) per 99.092(1) F.S.
3. The qualifying fee for a candidate running with a party affiliation in a **partisan** race (excluding CDDs and Special Districts) is 6% of the annual salary of the office (2% party assessment; 3% filing fee; 1% election assessment fee) per 99.092(1) F.S.
4. The qualifying fee for **non-partisan city commission office** is 1% of the annual salary per the City of Tallahassee Charter.
5. No fee shall be returned to the candidate unless the candidate withdraws his/her candidacy prior to the end of qualifying per 99.092(1) F.S.

**CANDIDATE OATH
JUDICIAL OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

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2024 APR 24 P 3:34

SUPERVISOR OF ELECTIONS OFFICE USE ONLY
LEON COUNTY, FLORIDA

Candidate Oath

Name to appear on ballot: Monique Richardson

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the judicial office of County Judge (Office) (District #)
3 (Circuit #) 3 (Group or Seat #); my legal residence is Leon County, Florida;

I am a qualified elector of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the constitution and laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent to the office I seek; I have resigned from any office which I am required to resign pursuant to s. 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 105.031(4) F.S.).

YES, I Do _____ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature] (850) 606-4318 carrollAd@leoncountyfl.gov
Signature of Candidate Telephone Number Email Address

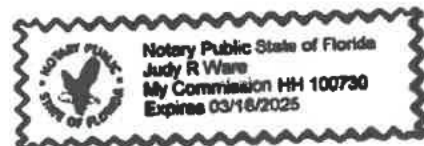
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF Leon

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 13th day of March, 2024.

Personally Known OR Produced Identification
Type of Identification Produced: _____



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: _____

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means

of online notarization OR physical presence

this _____ day of _____, 20_____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

Ashley Lukis
Chair
Michelle Anchors
Vice Chair
William P. Cervone
Tina Descovich
Freddie Figgers
Luis M. Fusté
Wengay M. Newton, Sr.
Jim Waldman



Kerrie J. Stillman
Executive Director

Steven J. Zuilkowski
*Deputy Executive Director/
General Counsel*

RECEIVED
2024 APR 24 10 51 AM
STATE OF FLORIDA
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, Florida 32317-5709
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

325 John Knox Road
Building E, Suite 200
Tallahassee, Florida 32303

"A Public Office is a Public Trust"

**VERIFICATION AND RECEIPT OF SUBMISSION
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Hon Monique Richardson
Filer PID #: 39246

Date Filed: 4/23/2024
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests
Filing ID: 941795

Receipt Print Date: 4/23/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/23/2024

General Information

Name: Hon Monique Richardson **CONFIDENTIAL**
Address: 301 S MONROE ST RM 265G LEON COUNTY COURTHOUSE, TALLAHASSEE, FL 32301 **PID 39246**
County: Leon

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (2Nd)	Elected Constitutional Officer	County Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Judge	Leon County, Second Judicial Circuit	County Judge

Net Worth

My Net Worth as of April 1, 2024 was \$ 349,027.00.

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA
2024 APR 24 P 3:51

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/23/2024

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 31,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Homestead {REDACTED} {REDACTED}	\$ 98,000.00
Bank Accounts - Envision Credit Union, 600 N. Monroe Street, Tallahassee	\$ 7,829.00
Life Insurance Cash Value - Northwestern Mutual	\$ 4,818.00
Retirement - Mutual of America	\$ 111,880.00
Stock - Alaska Air	\$ 2,754.00
Stock - Avis Budget Group, Inc.	\$ 6,178.00
Stock - CISCO Systems	\$ 6,005.00
Stock - Kimberly-Clark Corporation	\$ 4,227.00
Stock - Lockheed Martin	\$ 4,950.00
Stock - Marriott International, Inc.	\$ 6,762.00
Stock - Microsoft Corporation	\$ 6,297.00
Stock - Pfizer, Inc.	\$ 7,884.00
Stock - The Clorox Company	\$ 5,643.00
Stock - Coca-Cola Company	\$ 5,576.00
Stock - Netflix, Inc.	\$ 3,152.00
Mutual Fund - MP63 Fund	\$ 20,930.00
Retirement - Charles Schwab	\$ 23,457.00
Florida Retirement System	\$ 142,592.00
Deferred Compensation - Nationwide	\$ 47,856.00

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/23/2024

Liabilities		
LIABILITIES IN EXCESS OF \$1,000:		
Name of Creditor	Address of Creditor	Amount of Liability
Mr. Cooper (mortgage servicer)	P.O. Box 650783, Dallas, TX 75265	\$ 96,427.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		
Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income			
Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.			
<input type="checkbox"/> I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.			
PRIMARY SOURCES OF INCOME:			
Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount	
State of Florida	200 E. Gaines Street, Tallahassee	\$ 180,616.00	
SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):			
Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Monique Richardson

Digitally signed: 04/23/2024

Filed with COE: 04/23/2024