

**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 JUL 13 A 8:35

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)

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

Curtis Richardson

4. Telephone

5. E-mail address

(850) 545-4945      Cabride@201.com      P.O. Box 665 Tallahassee, FL 32302

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

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

Remera Jones-Haynes

11. Mailing Address

12. Telephone

360 Remington Run Way

(850) 322-4042

13. City

14. County

15. State

16. Zip Code

17. E-mail address

Tallahassee    Leon    FL    32312    zuryeon@gmail.com

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

19. Name of Bank

20. Address

Truist Bank

102 North Blairstone Road

21. City

22. County

23. State

24. Zip Code

Tallahassee    Leon

FL

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

26. Signature of Candidate

7/13/2023

X 

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

I, Remera Jones-Haynes, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

7/13/2023  
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  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA  
2023 JUL 13 A 8:36

**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)

Curtis Richardson

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

P.O. Box 665 Tallahassee, FL 32302

**4. Telephone**

(850) 545-4945

**5. E-mail address**

Cabaide@aol.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**

Curtis Richardson

**11. Mailing Address**

P.O. Box 665

**12. Telephone**

(850) 545 4945

**13. City**

Tallahassee

**14. County**

Leon

**15. State**

FL

**16. Zip Code**

32302

**17. E-mail address**

Cabaide@aol.com

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

**19. Name of Bank**

**20. Address**

**21. City**

**22. County**

**23. State**

**24. Zip Code**

**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**

7/13/2023

**26. Signature of Candidate**

X 

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

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

designated above as:     Campaign Treasurer     Deputy Treasurer.

7/13/2023  
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 ELECTIONS  
LEVIN COUNTY, FLORIDA

2023 JUL 13 A 8:36

I, Curtis Richardson,  
candidate for the office of Tallahassee City Commission, 2 ;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X



Signature of Candidate

7/13/2023

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).