

**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 22 P 4:04

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)

LaShawn D. Riggans

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

4. Telephone

5. E-mail address

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

Leon County Court Judge, Seat 4

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

FL

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 Calhoun 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

22 May 2023

26. Signature of Candidate

X LaShawn D. Riggans

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.

May 22, 2023
Date

X Chauncy E. Haynes
Signature of Campaign Treasurer or Deputy Treasurer

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AND DESIGNATION OF CAMPAIGN
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25. Date

22 May 2023

26. Signature of Candidate

X 

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

I, LaShawn D. Riggins, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

May 22, 2023
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2023 MAY 22 P 4:04

I, LaShawn D. Riggans ,

candidate for the office of Leon County Court Judge, Seat 4 ;

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

X 
Signature of Candidate

May 22, 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)

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA
2023 MAY 22 P 4:04

I, LaShawn D. Riggans

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


(Signature of candidate)

May 22, 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 22 P 2:31

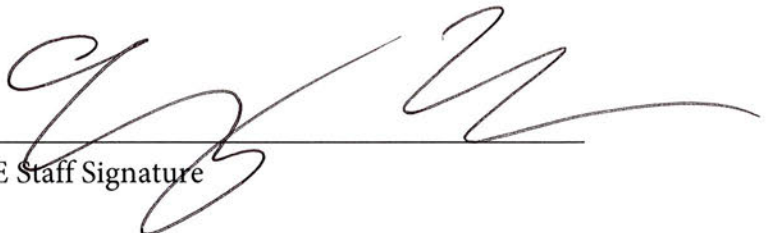
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

Received this 22 day of April, 2024 from Lashawn Riggans,
(Candidate's name)
campaign check number 001201 in the amount of \$ 7,224.64, made payable to

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

Leon County Judge.

(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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SUPERVISOR OF ELECTIONS OFFICE USE ONLY
LEON COUNTY, FLORIDA

Candidate Oath

Name to appear on ballot: LaShawn D. Riggins

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 #)

 , 4; my legal residence is Leon County, Florida;
(Circuit #) (Group or Seat #)

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 LaShawn D. Riggins
Signature of Candidate Telephone Number Email Address

Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 4th day of April, 2024.

Personally Known OR Produced Identification

Type of Identification Produced:

Paula Dorn
Signature of Notary Public
Print, Type, or Stamp the Full Name of Notary Public below:



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):

Laa - SHAWN (rhyme: fawn)

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: _____

2023 Form 6 - Full and Public Disclosure of Financial Interests

General Information		
Name:	Ms LaShawn Donyale Riggans Esq	
Address:	3122 MAHAN DR STE 801-146, TALLAHASSEE, FL 32308	
County:	Leon	
Organization	Suborganization	Title
N/A		
CANDIDATE FOR		
Position	Agency Name	Position sought or held
County Judge	Leon County Judge, 2nd Judicial Circuit	Seat 4

Net Worth
My Net Worth as of <u>December 31, 2023</u> was \$ <u>273,743.16</u> .

For Quality Only
Purposes Only

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2023 Form 6 - Full and Public Disclosure of Financial Interests

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 \$ 53,822.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
F.S. 119 Protected Address	\$ 292,165.00
2015 GMC Terrain	\$ 8,440.00
Vanguard Institutional Index	\$ 14,447.90
Amazon Stock	\$ 1,047.78
Bank Account - PNC Bank	\$ 7,297.17
Bank Account - USAA	\$ 9,998.28
Bank Account - Navy Federal Credit Union	\$ 1,036.86
Bank Account - Regions Bank	\$ 1,357.00
Bank Account - Chase	\$ 16,421.91
Life Insurance Cash Value	\$ 100,000.00
Campaign Loan	\$ 20,000.00
See Attached	

2023 Form 6 - Full and Public Disclosure of Financial Interests

Liabilities		
LIABILITIES IN EXCESS OF \$1,000:		
Name of Creditor	Address of Creditor	Amount of Liability
Freedom Mortgage	PO BOX 619063, DALLAS TX 75261	\$ 217,967.53
Upgrade, Inc.	P.O. BOX 52210, PHOENIX AZ 85072	\$ 24,117.07
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		
Name of Creditor	Address of Creditor	Amount of Liability
N/A		

For Quality
Purposes Only

2023 Form 6 - Full and Public Disclosure of Financial Interests

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.

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
Leon County Board of County Commissioners	301 S. Monroe St. Ste 100, Tallahassee, FL 32301	\$ 111,628.10
Nabors, Giblin & Nickerson PA	1500 Mahan Dr. , Ste 200, Tallahassee, FL 32308	\$ 73,680.23
Elevate 24/7, LLC	3122 Mahan Dr., Ste 801-146, Tallahassee, FL 32308	\$ 2,400.00

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

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

LaShawn Donyale Riggans Esq

Digitally signed: 04/21/2024

For Qualifying
Purposes Only