

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED
SUPERVISOR
2023 AUG 15 A 6:50

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)

Bernard Michael Stevens

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

1700 W. Monroe St
STE 11-339
Tallahassee FL 32303

4. Telephone

(850) 518-2514

5. E-mail address

BstevensSr@vote4bernardstevens.com

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

Tallahassee City Commissioner
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

Bernard Michael Stevens Sr

11. Mailing Address

1700 W. Monroe St Ste 11-339

12. Telephone

()

13. City

Tallahassee

14. County

Leon

15. State

FL

16. Zip Code

32303

17. E-mail address

BstevensSr@vote4bernardstevens.com

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

19. Name of Bank

Wells Fargo Bank

20. Address

1701 W. Tharpe St

21. City

Tallahassee

22. County

Leon

23. State

Florida

24. Zip Code

32303

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

8-15-2023

26. Signature of Candidate

Bernard Michael Stevens Sr

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

I, Bernard Michael Stevens Sr, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

8-15-2023

Date

Bernard Michael Stevens Sr

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 19 A 8:59

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)

Bernard Michael Stevens Jr

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

113 South Monroe St
Alliance Center 1st Floor
Tallahassee, FL 32301

4. Telephone

(850) 518-2514

5. E-mail address

Bstevensenterprises@gmail

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

Tallahassee City Commissioners 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

Bernard M. Stevens Jr

11. Mailing Address

113 South Monroe St, The Alliance Center (850) 518-2514

12. Telephone

13. City

Tallahassee

14. County

Leon

15. State

FL

16. Zip Code

32301

17. E-mail address

Bstevensenterprises@gmail

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Regions Bank

20. Address

2000 Capital Cir N.E

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 APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

7-19-2023

26. Signature of Candidate

Bernard M. Stevens Jr

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

I, Bernard Michael Stevens Jr, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer

7-19-2023

Date

Bernard M. Stevens Jr
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
LEON COUNTY, FLORIDA
2023 JUL 19 A 8:59

I, Bernard Michael Stevens Sr,
candidate for the office of Tallahassee city Commission seat 2
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X B. M. Stevens Sr
Signature of Candidate

7-19-23
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).