

**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 filing officer before opening the campaign account.

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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):  
(Please Print or Type Name)

Rosanne Wood

**3. Address** (include PO Box or Street, City, State, Zip Code):

2264 Grassroots Way  
Tallahassee, FL 32311

**4. Telephone:**

(850) 544-0952

**5. Candidate's Voter Registration #:**

104989669

(not required for qualifying purposes)

**6. Email Address:**

rosannewood@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

School District 2

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

Write-In Candidate.  No Party Affiliation Candidate.  Party candidate.

**10. I have appointed the following person to act as my:**

Campaign Treasurer

Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Shelby Green

**12. Telephone:**

(850) 661 3941

**13. Email Address:**

sbsllc2017@gmail.com

**14. Mailing Address:**

2800 S Adams St Unit 5651

**15. City:**

Tallahassee

**16. State:**

FL

**17. Zip Code:**

32314

**18. I have designated the following bank as my** (check appropriate box):  Primary Depository  Secondary Depository

**19. Name of Bank:**

Ameris

**20. Address:**

2101 Capital Cir NE,

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

**25. Date:** Jan 08, 2024

**26. Signature of Candidate:**

X Rosanne Wood

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

I, Shelby Green  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** Jan 08, 2024

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X [Signature]

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

I, Rosanne Wood ,

candidate for the office of Leon County School Board, District 2 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X   
Signature of Candidate

January 24, 2024  
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).