

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2019 MAR 25 AM 9:46

**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.**

**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)

*Erik Michael David*

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

*4266 Slash Pine Lane  
Tallahassee, FL 32305*

**4. Telephone**

*(850) 228-7275*

**5. E-mail address**

*erik.m.david@gmail.com*

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

*Leon County Commission - At Large (Group 1)*

**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**

*Jann Tucker-Pethway*

**11. Mailing Address**

*350 Big Lamb Ct.*

**12. Telephone**

*(850) 509-2791*

**13. City**

*Tallahassee*

**14. County**

*Leon*

**15. State**

*FL*

**16. Zip Code**

*32305*

**17. E-mail address**

*tuckerpethway@yahoo.com*

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

**19. Name of Bank**

*First Commerce Credit Union*

**20. Address**

*1741 Old St Augustine Rd*

**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**

*3/25/19*

**26. Signature of Candidate**

**X** *Erik M. David*

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

I, *Jann Tucker-Pethway*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*3/24/19*

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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LEON COUNTY, FLORIDA  
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I, Erik DAVID ,  
candidate for the office of Leon County Commission ;  
- At Large (Group 1)  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X Erik M. David  
Signature of Candidate

3/25/2018  
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).

Notice of Withdrawal of Candidacy

I, Erik Michael David, hereby withdraw my candidacy for Leon County Commissioner - At Large (Group 1) in 2020. I will ensure that any remaining treasurer's reports are submitted by their due dates and that a termination report is submitted as required.

Sincerely,

Erik M. David

*Erik M David*

2020 JUN -8 PM 12:17  
SUPERVISOR OF ELECTIONS  
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