

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

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

(PLEASE PRINT OR TYPE)

FILED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2021 JUN 25 AM 9:26

**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)

WHITFIELD LELAND III

PO BOX 5833

**4. Telephone**

**5. E-mail address**

(850) 756-1896 THE MAYOR850@ICLOUD.COM

TALLAHASSEE, FL 32317

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

**7. If a candidate for a nonpartisan office, check if applicable:**

SEAT 4 TALLAHASSEE

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**

Sherri Cannon

**11. Mailing Address**

**12. Telephone**

1943-A Darryl Dr

(850) 408/696

**13. City**

**14. County**

**15. State**

**16. Zip Code**

**17. E-mail address**

Tallahassee

Leon

FL

32301

Sherri.cannon1980@gmail.com

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

**19. Name of Bank**

**20. Address**

WYSTAR

**21. City**

**22. County**

**23. State**

**24. Zip Code**

TALLAHASSEE

LEON

FLA

**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**

6-25-2021

X 

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

I, Sherri Cannon, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/25/2021

X 

Date

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

2021 MAY -7 PM 2:17

**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)

WHITFIELD LEANID III

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

5388 PO BOX  
TALLAHASSEE FL  
32314

**4. Telephone**

(850) 756-1896

**5. E-mail address**

the mayor 850@icloud.com

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

TALLAHASSEE CITY COMMISSION  
MAYOR 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**

WHITFIELD LEANID III

**11. Mailing Address**

5388 PO BOX

**12. Telephone**

(850) 756-1896

**13. City**

TALLAHASSEE

**14. County**

LEON

**15. State**

FL

**16. Zip Code**

32314

**17. E-mail address**

the mayor 850@icloud.com

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

**19. Name of Bank**

POSTAR

**20. Address**

1600 HENDRIX ST

**21. City**

JACKSONVILLE

**22. County**

DUVAL

**23. State**

FL

**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**

5/7/21

**26. Signature of Candidate**

X

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

I, WHITFIELD LEANID III, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

5/7/21

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

2021 FEB 22 AM 9:55

**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)

WHITEFIELD LEAND III

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

PO BOX 6175  
TALLAHASSEE FL 32314

**4. Telephone**

(850) 756 1896

**5. E-mail address**

themayor850@icloud.com

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

SEAT 4  
TALLAHASSEE OFFICE OF MAYOR

**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**

WHITEFIELD LEAND III

**11. Mailing Address**

PO BOX 6175

**12. Telephone**

(850) 756 1896

**13. City**

TALL

**14. County**

LEON

**15. State**

FL

**16. Zip Code**

32314

**17. E-mail address**

themayor850@icloud.com

**18. I have designated the following bank as my**

Primary Depository     Secondary Depository

**19. Name of Bank**

FAMU FEDERAL CREDIT UNION

**20. Address**

1610 S. MONROE

**21. City**

TALL

**22. County**

LEON

**23. State**

FL

**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**

2/22/2021

**26. Signature of Candidate**

X



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

I, WHITEFIELD LEAND III, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

2/22/2021  
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  
LEON COUNTY, FLORIDA  
2021 FEB 22 AM 9:55

I, WHITFIELD LELAND III,  
candidate for the office of SEAFY  
MAYOR OF TALAHASSEE, FL ;

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

X   
Signature of Candidate

2/22/2021  
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).



Mark S. Earley  
Supervisor of Elections  
Leon County, Florida

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2022 JUN 15 P 1:32

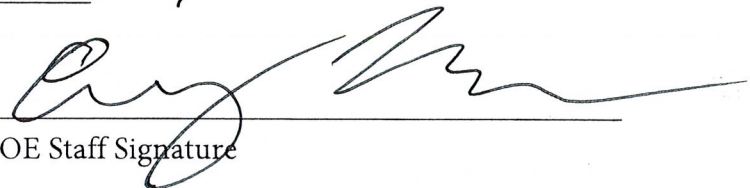
RECEIPT FOR QUALIFYING FEE

Received this 15 day of June, 2022 from Whitfield Leland III,  
(Candidate's name)

campaign check number 509 in the amount of \$ 839.45, made payable to

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

Tallahassee City Commission Seat 4/ Mayor  
(Office sought)

  
SOE Staff Signature

QUALIFYING FEES

Office	Qualifying Fee
Leon County Judge	\$6,255.08
Leon County Commission	\$3,357.80
Leon County School Board	\$1,634.24
City of Tallahassee Mayor	\$839.45
Tallahassee City Commission	\$419.73
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. All local offices up for election this year are nonpartisan, which is why there are not multiple qualifying fee options.
2. The qualifying fees are based on a percentage of the salary as of July 1, 2021 per 99.092(1) F.S.
3. 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.
4. The qualifying fee for **non-partisan city commission office or mayor** 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  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)  
Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2022 JUN 15 P 1:32

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, WHITFIELD "HUBBA BUBBA" LELAND,  
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box  (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of MAYOR CITY TALLAHASSEE,  
(Office) (District #)  
4; I am a qualified elector of LEON County, Florida;  
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 128-077-323

Phonetic spelling for audio ballot: Print 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 2 of this form): [Not applicable to write-in candidates.]

X [Signature] (850) 7561896 lelandwhitfield@gmail.com  
Signature of Candidate Telephone Number Email Address  
754 W 7TH AVE TALLAHASSEE FL 32303  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Leon

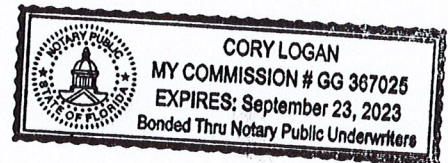
Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence

this 15 day of June, 2022.

Personally Known  OR Produced Identification

Type of Identification Produced: PL DL

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:





OFFICE USE ONLY

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2022 JUN 15 P 1:32

**CITY OF TALLAHASSEE OATH**  
(Section 7-5(a), City of Tallahassee Charter)

**STATE OF FLORIDA**  
**COUNTY OF LEON**  
**CITY OF TALLAHASSEE**

Before me, an officer authorized to administer oaths and take acknowledgments, personally appeared WHITFIELD LEONARD III, who being first duly sworn says that he or she is a candidate for nomination for the office of (mayor or city commissioner) for the Full (unexpired or full) term municipal primary election to be held in the year 2022; that he or she is a resident and qualified elector in the City of Tallahassee; that he or she is duly qualified to hold office under the constitution and laws of the State of Florida, and that he or she has not violated any of the laws of the city or state relating to primary or general elections or the registration of voters therefore.

SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this 15 day of June, A.D., 2022, in the City of Tallahassee, Florida.

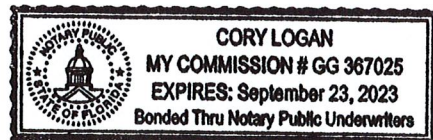
NOTARY PUBLIC

Personally Known: \_\_\_\_\_ or

Produced Identification: ✓

Type of Identification Produced:

FL DL



Please print or type your name, mailing address, agency name, and position below:

**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

LELAND WHITFIELD

MAILING ADDRESS :

754 W 7TH AVE

TALLAHASSEE 32303 LEON

CITY : ZIP : COUNTY :

NAME OF AGENCY :

CITY OF TALLAHASSEE

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CITY OF TALLAHASSEE MAJOR OFFICERS

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

RECEIVED  
 SUPERVISOR OF ELECTIONS  
 LEON COUNTY, FLORIDA  
 2022 JUN 15 P 1:30

**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (**must check one**):

**COMPARATIVE (PERCENTAGE) THRESHOLDS** OR  **DOLLAR VALUE THRESHOLDS**

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
HEAVEN SCENT FOOD	PO BOX 6175 TALL FLA 32314	FOOD TRUCK
L N J LAWN CARE	PO BOX 6175 TALL FLA 32314	LAWN SERVICES

**PART B -- SECONDARY SOURCES OF INCOME**  
 [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

N/A

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.



**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NIA	

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
NIA	

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	NIA	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

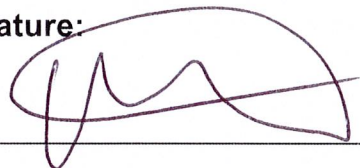
**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:

6/15/2022

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.