

**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)

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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).