

**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

UPTAR

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

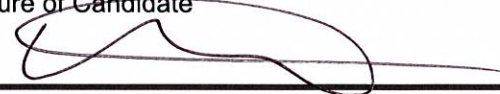
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

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).