

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

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

(PLEASE PRINT OR TYPE)

18 FEB -2 AM 11:47

SUPERVISOR OF ELECTIONS  
LEON COUNTY, FL

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)

Walter William McDonald III

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

3217 Jim Lee Rd  
Tallahassee, FL 32301

4. Telephone

(910) 778-1092

5. E-mail address

waltwmcdonald@gmail.com

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

Leon County Commission Distric One

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     Democratic Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Kenneth J. Alexander

11. Mailing Address

P.O. BOX 7673, Tallahassee, FL 32314

12. Telephone

(850) 322 8367

13. City

Tallahassee

14. County

Leon

15. State

FL

16. Zip Code

32314

17. E-mail address

alexander.ken@gmail.com

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

19. Name of Bank

Capital City Bank

20. Address

3404 S. Mangrove St

21. City

Tallahassee

22. County

Leon

23. State

Florida

24. Zip Code

32304

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

1-31-18

26. Signature of Candidate

X 

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

I, Kenneth J. Alexander, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer.

2-2-18

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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SUPERVISOR OF ELECTIONS  
LEON COUNTY, FL

I, Walter McDonald III,  
candidate for the office of Leon County Commissioner District one;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X   
Signature of Candidate

1-31-18  
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).