

**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

2019 SEP -3 AM 9:01

**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)

Lynette Yvonne Halter

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

P.O. Box 181 Tallahassee, FL 32302-181  
1515 Paul Russell RD Unit 61 Tallahassee FL 32301

**4. Telephone**

(850) 339-1798

**5. E-mail address**

HalterHelps@gmail.com

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

Tallahassee City Commissioner Seat 2

**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**

Lynette Halter

**11. Mailing Address**

P.O. Box 181

**12. Telephone**

(850) 339-1798

**13. City**

Tallahassee

**14. County**

Leon

**15. State**

FL

**16. Zip Code**

32302

**17. E-mail address**

HalterHelps@gmail.com

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

Primary Depository     Secondary Depository

**19. Name of Bank**

The First, ANBK

**20. Address**

2000 Apalachee Pkwy

**21. City**

Tallahassee

**22. County**

Leon

**23. State**

Florida

**24. Zip Code**

32308

**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**

9 Sept 2019

**26. Signature of Candidate**

X Lynette Y Halter

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

I, Lynette Y Halter, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

9 Sept 2019  
Date

X Lynette Y Halter  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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I, Lynette Halter,  
candidate for the office of Tallahassee City Commissioner Seat 2  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

Lynette Halter  
Signature of Candidate

Sept 9, 2019  
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).