

**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

2016 JUN 24 A 10:05

**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)

Rick Minor

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

407 Vinnedge Ride  
Tallahassee, FL 32303

**4. Telephone**

(850 ) 445-1914

**5. E-mail address**

RickMinor@yahoo.com

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

City Commission, Seat 1, 2020 Election Cycle

**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**

David Jacobsen

**11. Mailing Address**

3019 Windy Hill Lane

**12. Telephone**

( 850 ) 385-6504

**13. City**

Tallahassee

**14. County**

Leon

**15. State**

FL

**16. Zip Code**

32308

**17. E-mail address**

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

**19. Name of Bank**

Capital City Bank

**20. Address**

217 North Monroe Street

**21. City**

Tallahassee

**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**

June 23, 2016

**26. Signature of Candidate**

X *Rick Minor*

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

I, David Jacobsen, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

June 23, 2016

Date

X *David V. Jacobsen*  
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

2016 JUN 24 A 10: 06

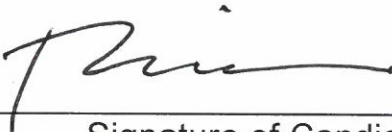
I, Rick Minor ,

candidate for the office of Tallahassee City Commission, Seat 1 (2020 election cycle) ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

June 23, 2016

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).

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AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2016 JUL 11 P 3:35

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**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)

Rick Minor

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

407 Vinnedge Ride  
Tallahassee, FL 32303

**4. Telephone**

(850 ) 445-1914

**5. E-mail address**

RickMinor@yahoo.com

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

Tallahassee City Commission, Seat 1 (2020 election)

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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**

Rick Minor

**11. Mailing Address**

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**12. Telephone**

( 850 ) 445-1914

**13. City**

Tallahassee

**14. County**

Leon

**15. State**

FL

**16. Zip Code**

32303

**17. E-mail address**

RickMinor@yahoo.com

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

Primary Depository     Secondary Depository

**19. Name of Bank**

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**20. Address**

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**21. City**

*Tallahassee*

**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**

July 11, 2016

**26. Signature of Candidate**

*X Rick Minor*

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

I, Rick Minor, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

July 11, 2016

Date

*X*

*Rick Minor*  
Signature of Campaign Treasurer or Deputy Treasurer

407 Vinnedge Ride  
Tallahassee, FL 32303

18 JAN -6 PM 12:02

January 4, 2018

SUPERVISOR OF ELECTIONS  
LEON COUNTY, FL

The Honorable Mark Earley  
Supervisor of Elections for Leon County, Florida  
P. O. Box 7357  
Tallahassee, FL 32314-7357

Dear Supervisor Earley,

Please accept this letter as notification that, as provided under Section 106.021(1)(a), Florida Statutes, and Florida Division of Elections Advisory Opinion DE 93-07, September 16, 1993, I am changing the designation of the office for which I am a candidate.

I am filing forms DS-DE 9 and DS-DE 84 with your office to designate my new candidacy for Tallahassee City Commission, Seat 3 in the 2018 election cycle.

As required by Section 106.021(1)(a), Florida Statutes, I will be notifying my contributors of this re-designation, offering each of them a pro-rated refund of their contributions, and sending them a "Request for Return of Contribution" form (DS-DE 86). The calculation of the pro-rated refund is as follows:

Financial Status of City Commission, Seat 1 campaign (2020 election cycle)

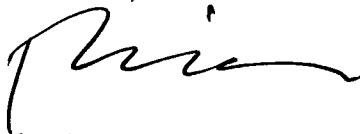
(as of January 4, 2018)

|                         |                  |
|-------------------------|------------------|
| Monetary contributions: | \$ 42,582.76     |
| <u>Expenditures:</u>    | <u>\$ 795.53</u> |
| Remaining funds:        | \$ 41,787.23     |

Ratio for pro-rata contribution refunds: **\$41,787.23:\$42,582.76, or 0.981:1.**

Please do not hesitate to contact me if you have any questions, and thank you for your service to the voters of Leon County.

All the best,



Rick Minor  
(850) 445-1914  
[RickMinor@yahoo.com](mailto:RickMinor@yahoo.com)