

**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
BROWARD COUNTY, FLORIDA

2024 JUN 12 P 3:28

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Gwendolyn Monique Marshall Knights

3. Address (include PO Box or Street, City, State, Zip Code):

4. Telephone:

5. Candidate's Voter Registration #:

6. Email Address:

(not required for qualifying purposes)

Gwendolynmarshall2016@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

Clerk of the Circuit Court and Comptroller

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:

12. Telephone:

13. Email Address:

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Capital City Bank

20. Address:

16691 Thomasville Rd

21. City:

Tallahassee

22. County:

LEON

23. State:

FL

24. Zip Code:

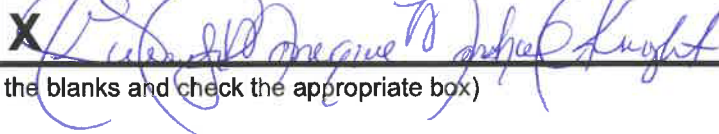
32310

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

25. Date:

6/12/2024

26. Signature of Candidate:

X 

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

I, _____ do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

29. Signature of Campaign Treasurer or Deputy Treasurer

X

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

2023 MAY 16 P 3:48

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)

Gwendolyn Monique Marshall Knight

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

4. Telephone

5. E-mail address

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

Clerk of the Circuit Court and Comptroller

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 Democrat Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Self Gwen Marshall Knight

11. Mailing Address

12. Telephone

13. City

14. County

15. State

16. Zip Code

17. E-mail address

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

19. Name of Bank

Truist

20. Address

3522 Thomasville Road

21. City

Tallahassee

22. County

Leon

23. State

Florida

24. Zip Code

32309

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

05/15/2023

26. Signature of Candidate

Gwen Marshall Knight

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

I, Gwen Marshall Knight, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

05/15/2023
Date

Gwen Marshall Knight
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2023 MAY 16 P 3:47

I, Gwendolyn Marshall Knight ,
candidate for the office of Leon County Clerk of the Circuit and Comptroller ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

Gwendolyn Marshall Knight
Signature of Candidate

05/15/2023
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).


Mark S. Earley
Supervisor of Elections Leon County, Florida
RECEIPT FOR QUALIFYING FEE

RECEIVED
2024 JUN 12 P 3:12

Received this 12 day of June, 2024 from Gwendolyn Marshall Knight
(Candidate's name)
campaign check number 000101 in the amount of \$ 9,599.28, made payable to

the Leon County Supervisor of Elections, the qualifying fee for the office of
Leon County Clerk of the Clerk Courts & Comptroller

(Office sought)



SOE Staff Signature

QUALIFYING FEES

Office	Qualifying Fee
Constitutional Offices – Non-Partisan (excluding Sheriff)	\$6,399.52
Constitutional Offices – Partisan (excluding Sheriff)	\$9,599.28
Sheriff – Non-	\$7,833.52
Sheriff - Partisan	\$11,750.28
Leon County Judge	\$7,224.64
Leon County Commission	\$3,623.07
Leon County School Board	\$1,763.68
Tallahassee City Commission	\$452.87
Leon Soil & Water Conservation District Supervisor	\$25.00
Capital Region Community Development District (CDD)	\$25.00
Piney-Z Community Development District (CDD)	\$25.00
Canopy Community Development District (CDD)	\$25.00

***Note:**

1. The qualifying fees are based on a percentage of the salary as of July 1, 2023, per 99.092(1) F.S.
2. The qualifying fee for a candidate running for a **non-partisan county office** or as a **NPA candidate for partisan office** (excluding CDDs and Special Districts) is 4% of the annual salary of the office (3% filing fee; 1% election assessment fee) per 99.092(1) F.S.
3. The qualifying fee for a candidate running with a party affiliation in a **partisan** race (excluding CDDs and Special Districts) is 6% of the annual salary of the office (2% party assessment; 3% filing fee; 1% election assessment fee) per 99.092(1) F.S.
4. The qualifying fee for **non-partisan city commission office** is 1% of the annual salary per the City of Tallahassee Charter.
5. No fee shall be returned to the candidate unless the candidate withdraws his/her candidacy prior to the end of qualifying per 99.092(1) F.S.

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION**

RECEIVED

2024 JUN 12 P 3:12

SUPERVISOR OF ELECTIONS OFFICE USE ONLY
LEON COUNTY, FLORIDA

Candidate Oath

Name to appear on ballot: Gwen Marshall Knight

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of Clerk of the Circuit Court and Comptroller,
(Office) (District #)

(Circuit #) (Group or Seat #); I am a qualified elector of Leon County, Florida;

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Party

I swear or affirm that I am a member of the Democratic Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

Gwendolyn Marshall Knight
Signature of Candidate

Telephone Number

gwendolynmarshall2016@gmail.com
Email Address

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

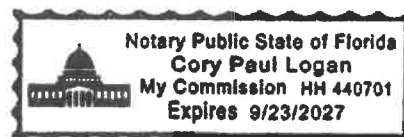
this 12 day of June, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: FLDL

Cory Paul Logan
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

Gwen MAHRS-hal KNY-EE

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____, I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate : _____

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence

this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/12/2024

General Information

Name: Ms Gwendolyn Monique Marshall Knight CONFIDENTIAL
Address: 301 S Monroe St Ste 100, Tallahassee, FL 32301 PID 264699
County: Leon

AGENCY INFORMATION

Table with 3 columns: Organization, Suborganization, Title. Row 1: Leon County, Elected Constitutional Officer, Clerk Of Circuit Court/Comptroller

CANDIDATE FOR

Table with 3 columns: Position, Agency Name, Position sought or held. Row 1: Clerk of the Courts and Comptroller, Leon County Clerk of the Circuit Courts and Comptroller, Clerk of the Circuit Courts and Comptroller

Net Worth

My Net Worth as of December 31, 2023 was \$ 360,210.53.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 3,674.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

RECEIVED
2024 JUN 12 P 3:13
DIVISION OF ELECTIONS
TALLAHASSEE, FLORIDA

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/12/2024

Description of Asset	Value of Asset
Real Estate - Primary Resident (address confidential)	\$ 556,807.00
Envision Credit Union, PO Box 5198, Tallahassee, FL 32314	\$ 22,775.55
Truist Bank (Checking) , 3522 Thomasville Road, Tallahassee, FL 32309	\$ 9,889.91
Truist Bank (Savings) , 3522 Thomasville Road, Tallahassee, FL 32309	\$ 14,975.80
Northwestern Mutual (NW) - Domestic Equity, 720 E Wisconsin Ave, Milwaukee, WI 53202	\$ 13,342.88
NW Index 500 Stock	\$ 22,491.40
NW Neuberger Berman Sustainable Equity	\$ 7,027.30
NW Fidelity VIP Contrafund	\$ 12,301.10
NW Mid Cap Value	\$ 6,635.43
NW Index 400 Stock	\$ 6,961.59
NW Small Cap Growth Stock	\$ 5,046.81
NW Research Int'l Core	\$ 12,845.74
NW International Equity	\$ 10,032.93
NW International Growth	\$ 9,885.33
NW Emerging Markets Equity	\$ 11,092.39
NW Select Bond	\$ 12,737.40
NW Strategic Bond	\$ 4,734.23
NW Inflation Protection	\$ 3,125.80
NW Multi Sector Bond	\$ 8,213.21
NW High Yield Bond	\$ 3,334.71
NW Global Real Estate Securities	\$ 8,381.78
NW Credit Suisse Commodity Strategy	\$ 7,767.95
FRS Inflation Sensitive Fund (300)	\$ 17,670.44
FRS US Bond Enhanced Index Fund (80)	\$ 15,035.24
FRS Stable Value Fund (350)	\$ 4,253.29
FRS Core Plus Bond Fund (310)	\$ 22,528.56
FRS US Stock Market Index Fund (120)	\$ 15,598.86

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/12/2024

Description of Asset	Value of Asset
FRS US Stock Fund (340)	\$ 51,806.47
FRS Foreign Stock Index Fund (200)	\$ 9,266.44
FRS Global Stock Fund (210)	\$ 17,128.48

Liabilities		
LIABILITIES IN EXCESS OF \$1,000:		
Name of Creditor	Address of Creditor	Amount of Liability
Selene Finance	PO Box 8619, Philadelphia, PA 19101	\$ 473,876.34
Envision Credit Union	PO Box 5198, Tallahassee, FL 32314-5198	\$ 45,639.89
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		
Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/12/2024

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission’s website.

I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Leon County Clerk of the Court	301 S Monroe Street, #100, Tallahassee, FL 32301	\$ 152,951.90

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1
N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- I certify that I have completed the required training under Section 112.3142, F.S.
- Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Gwendolyn Monique Marshall Knight

Digitally signed: 06/12/2024

Filed with COE: 06/12/2024