

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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

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2024 JUN 14 A 11:53

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)

Kim O'Connor

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

1700 N. MONROE STREET
SUITE 11-191
TALLAHASSEE, FL 32303

4. Telephone:

(850) 576-8107

5. Candidate's Voter Registration #:

106131253
(not required for qualifying purposes)

6. Email Address:

generalklarcc@yahoo.com

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

LEON COUNTY SOIL & WATER CONSERVATION
DISTRICT #2 SUPERVISOR

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:

20. Address:

21. City:

22. County:

23. State:

24. Zip Code:

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: 6/14/2024

26. Signature of Candidate:

X Kim O'Connor

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

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

I, KEM O'CONNOR,

candidate for the office of Leon County Soil/Water Conservation ;
District #2 SUPERVISOR

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X 
Signature of Candidate

6/14/2024
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).

STATE OF FLORIDA

RECEIVED

COUNTY OF

2024 JUN 14 A 11: 53

I, Kim O'Connor, a candidate for Supervisor of Soil and Water Conservation District, meet the qualifications pursuant to section 582.19(1), Florida Statutes, to serve on the governing body of the Soil and Water Conservation District.

- I am an eligible voter who resides in the [] (select at least one of the following):
- I am actively engaged in, or retired after 10 years of being engaged in, agriculture as defined in s. 570.02 Florida Statutes
- I am employed by an agricultural producer
- I own, lease, or am actively employed on land classified as agriculture under s.193.461 Florida Statutes

Kim O'Connor is district and
Signature of Candidate

Address Line 1: 1700 N. MONROE STREET

Address Line 2: SUITE 11-191

City: TALLAHASSEE

State: FL Florida

Zip Code: 32303

Sworn to and subscribed before me this 14 day of JUNE, 2024

at LEON COUNTY, Florida

DRIVER LICENSE

[Signature]



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

RECEIVED

2024 JUN 14 A 11:53

Received this 14 day of JUNE, 2024 from Kim O'Connor,
(Candidate's name)

campaign check number 1018 in the amount of \$ 25.00, made payable to

the Leon County Supervisor of Elections, the qualifying fee for the office of

Leon Soil & Water Conservation District #2

(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

NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

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SUPERVISOR OF ELECTIONS OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: KIM O'CONNOR

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 nonpartisan office of Leon County Soil & Water Conservation, 2
(Office) DISTRICT SUPERVISOR (District #)
2; I am a qualified elector of LEON County, Florida
(Circuit #) (Group or Seat #)

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 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

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

X Kim O'Connor (850) 576-8109 generalKlarck@yahoo.com
Signature of Candidate Telephone Number Email Address
2650 MUNICIPAL WAY TALLAHASSEE FL 32304
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF LEON

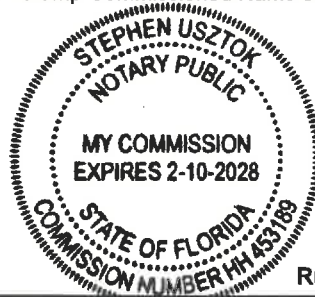
Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 14 day of JUNE, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: DRIVER LICENSE

Stephen Uszto
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):

KIM O'CONNOR

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

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

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

My legal name is KIM O'CONNOR. 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: *Kim O'Connor*

STATE OF FLORIDA
COUNTY OF LEON

Stephen Usztek
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 14 day of JUNE, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: DRIVER LICENSE



2023 Form 1 - Statement of Financial Interests

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2024 JUN 14 P 12:32

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

General Information

Name: Kim O'Connor
 Address: 1700 N. Monroe Street Suite 11-191, Tallahassee, FL 32303
 County:

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Special District	Leon County Soil and Water Conservation District	Supervisor District # 2

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)
 (If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
N/A		

2023 Form 1 - Statement of Financial Interests

General Information

Name: Kim O'Connor
Address: 1700 N. Monroe Street Suite 11-191, Tallahassee, FL 32303
County:

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
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N/A		

2023 Form 1 - Statement of Financial Interests

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

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

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write "none" or "n/a")

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000)
(If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
N/A	

2023 Form 1 - Statement of Financial Interests

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Type of Intangible	Business Entity to Which the Property Relates
N/A	

2023 Form 1 - Statement of Financial Interests

Liabilities

LIABILITIES (Major debts valued over \$10,000):
(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write "none" or "n/a")

Business Entity # 1
N/A

Signature of Filer

Kim O'Connor

Digitally signed: 06/14/2024

2023 Form 1 - Statement of Financial Interests

Liabilities

LIABILITIES (Major debts valued over \$10,000):
(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
N/A	

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(If you have nothing to report, write "none" or "n/a")

Business Entity # 1

N/A

Signature of Filer

Kim O'Connor

Digitally signed: 06/14/2024