

JUNE 5, 2024

I MATT PROSSER AM OFFICIALLY WITHDRAWING
FROM THE LEON COUNTY COMMISSION DISTRICT TWO
RACE.

Matt Prosser
6/5/24

RECEIVED
SHERIFF OF LEON COUNTY
LEON COUNTY, FLORIDA
2024 JUN - 5 A 9:39

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

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

(PLEASE PRINT OR TYPE)

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2024 MAY 17 A 8:53

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

SUPERVISOR OF ELECTIONS 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)

MATT PROSSER

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

2203 PROSSER DR.
TALLAHASSEE, FL 32310

4. Telephone:

(850) 570-0240

5. Candidate's Voter Registration #:

105178854

(not required for qualifying purposes)

6. Email Address:

prosserm1212@gmail.com

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

LEON COUNTY COMMISSION - DISTRICT 2

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:

KAREN L. JOHNSON

12. Telephone:

(850) 363-5046

13. Email Address:

KKIjohnson2014@gmail.com

14. Mailing Address:

2009 LAKEPOINT LN

15. City:

TALLAHASSEE

16. State:

FL

17. Zip Code:

32310

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:

1456 Capital Cir NW

21. City:

Tallahassee

22. County:

LEON

23. State:

FL

24. Zip Code:

32303

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:

5/17/24

26. Signature of Candidate:



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

I, KAREN L. JOHNSON do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

5/17/24

29. Signature of Campaign Treasurer or Deputy Treasurer



**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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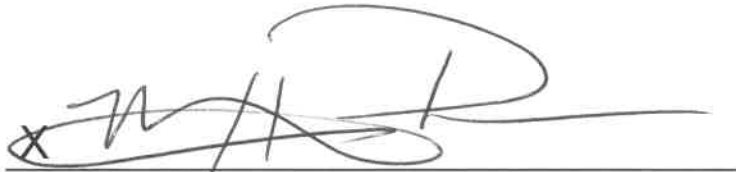
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

I, Matt Prosser,

candidate for the office of Leon County Commission District 2,

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.



Signature of Candidate

5/17/24

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).