

**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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SUPERVISOR OF ELECTIONS  
LEWIS COUNTY, FLORIDA

**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)

*Toby Thomson*

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

*3621 Meadow Vista Ln  
Tallahassee FL 32308*

**4. Telephone:**

*(813) 928-3351*

**5. Candidate's Voter Registration #:**

*118196785*

(not required for qualifying purposes)

**6. Email Address:**

*tobythomson@gmail.com*

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

*Canopy CPD Seat #4*

**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:**

*Do not intend to raise funds*

**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:**

*6/6/24*

**26. Signature of Candidate:**

**X**

*[Signature]*

**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, Toby Thomson,  
candidate for the office of Conopy CDP Seat #4;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X   
Signature of Candidate

6/6/24  
Date

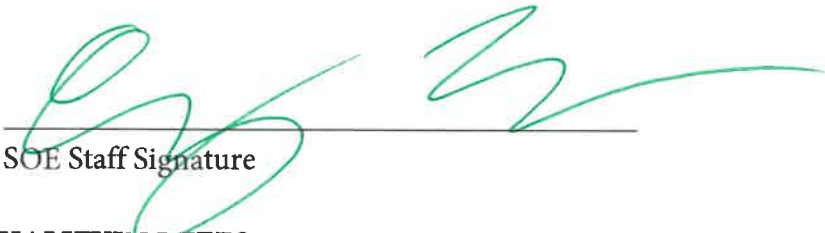
Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

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

Received this 6<sup>th</sup> day of June, 2024 from Toby Thomson,  
(Candidate's name)  
**campaign check number** Cash in the amount of \$ 25.00, made payable to  
the Leon County Supervisor of Elections, the qualifying fee for the office of

\_\_\_\_\_

(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

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**\*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  
LEON COUNTY FLORIDA

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**Candidate Oath**

Name to appear on ballot: Toby Thomson

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 Canopy CDD, Seat #4  
(Office) (District #)  
Seat #4; 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 Toby Thomson (813) 928-3351 tobythomson@gmail.com  
Signature of Candidate Telephone Number Email Address  
3621 Meadow Vista Ln. Tallahassee FL 32308  
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Leon

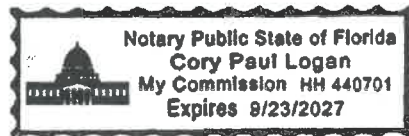
Cory Paul Logan  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

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

this 6th day of June, 2024.

Personally Known  OR Produced Identification

Type of Identification Produced: FL DL



**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):

\_\_\_\_\_

**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.

<b>Amount</b>	<b>Entity</b>

**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 1 - Statement of Financial Interests**

**General Information**

Name: Toby Thomson  
 Address: 3621 MEADOW VISTA LN, TALLAHASSEE, FL 32308  
 County:

Organization	Suborganization	Title
N/A		

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
Special District	Canopy community development district	Seat 4

**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
Craig Dental Associates LLC	1280 Timberlane Rd Tallahassee FL 32312	Dental office

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 TALLAHASSEE COUNTY, FLORIDA

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
2916 Blue Blossom Trl Tallahassee FL 32308

**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
Personal checking account	PNC bank
Savings account	Discover Bank
Checking account	TC federal bank
Checking account	ServisFirst Bank
Simple IRA	Capital Group American Funds
Roth IRA	Vanguard

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
Federal student loans Nelnet	P.O. Box 2837, Portland, OR 97208-2837

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
<b>Toby Thomson</b> Digitally signed: 06/05/2024