

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

JUN 16 2022

GADSDEN COUNTY
SUPERVISOR OF ELECTIONS

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)

Charles F. Salem III

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

847 Jetty Ave
Quincy, FL 32351

4. Telephone

(850) 627-4987

5. E-mail address

cfsalem3@gmail.com

6. Office sought (include district, circuit, group number)
Gadsden County Commissioner District # 2

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

Monica N. Salem

11. Mailing Address

847 Jetty Ave

12. Telephone

(850) 627-4987

13. City

Quincy

14. County

Gadsden

15. State

FL

16. Zip Code

32351

17. E-mail address

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

19. Name of Bank

Centennial Bank

20. Address

702 S. Pat Thomas Pkwy

21. City

Quincy

22. County

Gadsden

23. State

FL

24. Zip Code

32351

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

15 June 2022

26. Signature

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

I, Monica N. Salem, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer. Deputy Treasurer.

15 June 2022

Date

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


I, Charles F. Salem III ,

candidate for the office of Gadsden County Commissioner District # 2 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X


Signature of Candidate

15 June 2022

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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GADSDEN COUNTY SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Charles F Salem III, (Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box [] (see page 2 - Compound Last Names). No change can be made after the end of qualifying.)

am a candidate for the office of Gadsden County Commissioner, 2, (Office) (District #) (Circuit #)

; my legal residence is 847 Jetty Ave (Gadsden) County, Florida; I am a qualified elector (Group or Seat #)

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.

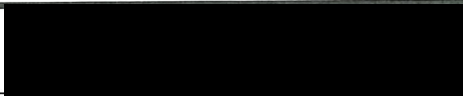
Statement of Party

(Section 99.021(1)(b), Florida Statutes)

I am a member of the Democrat 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 115-917-783

Phonetic spelling for audio ballot: Print 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 2 of this form):



Signature of Candidate

1850 627-4987

Telephone Number

cfsalem3@gmail.com

Email Address

847 Jetty Ave

Address

Quincy

City

FL

State

32351

ZIP Code

STATE OF FLORIDA

COUNTY OF Gadsden



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 [X]

this 16th day of June, 2022.

Personally Known [] OR Produced Identification [X]

Type of Identification Produced: FL Driver License



KENYA WILLIAMS Commission # HH 123775 Expires April 28, 2025 Bonded Thru Budget Notary Services

OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:
 SALEM, Charles Franklin III

MAILING ADDRESS:
 847 Jetty Ave

Quincy 32351 Gadsden
 CITY: ZIP: COUNTY:

NAME OF AGENCY:
 Gadsden County Commissioner Dist #2

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE

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GADSDEN COUNTY SUPERVISOR OF ELECTIONS

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of June 16, 2022 was \$ 300,000.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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 effects (described above) is \$ 300,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home	\$ 260,000
Car	\$ 10,000
Car	\$ 10,000
Life Insurance	\$ 20,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- 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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
US Army Retirement	1st Cavalry Regiment Fort Knox (KY)	\$3,500
Veterans Dissability Income	Veterans Affairs Tallahassee FL	\$3,000

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Gadsden
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 16th day of

June, 2022 by
 [Redacted Signature]
 (Signature of Notary Public--State of Florida)



KENYA WILLIAMS
 Commission # HH 123775
 Expires April 28, 2025
 Bonded Thru Budget Notary Services

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification

Type of Identification Produced FL Driver License

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE