

**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)

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

LARRY JOE Clayton

4. Telephone

5. E-mail address

(850) 508 9150

Larry.Clayton10@gmail.com PO Box 704 Havana FL 32333

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

7. If a candidate for a nonpartisan office, check if applicable:

Gadsden Soil & Water Conservation Bd - 2

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     \_\_\_\_\_ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

LARRY Clayton

11. Mailing Address

12. Telephone

P.O. Box 704

(850) 508-9150

13. City

14. County

15. State

16. Zip Code

17. E-mail address

Havana

Gadsden

FL

32333

Larry.Clayton10@gmail.com

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

19. Name of Bank

20. Address

Capital City Bank

4 E Washington St.

21. City

22. County

23. State

24. Zip Code

Quincy

Gadsden

FL

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

26. \_\_\_\_\_

JUNE 16 2022

X

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

I, LARRY Clayton, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

16 June 2022  
Date

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY  
**RECEIVED**

JUN 15 2022

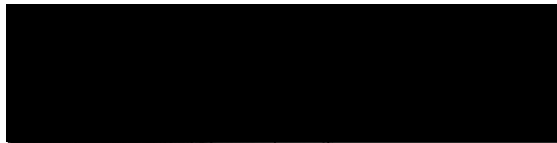
GADSDEN COUNTY  
SUPERVISOR OF ELECTIONS

I, LARRY CLAYTON \_\_\_\_\_,

candidate for the office of Board Member Gadsden County Soil & Water Conservation \_\_\_\_\_;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.



\_\_\_\_\_  
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).



**CANDIDATE OATH  
NONPARTISAN OFFICE**

RECEIVED

JUN 15 2022

GADSDEN COUNTY  
SUPERVISOR OF ELECTIONS

(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

OFFICE USE ONLY

**Candidate Oath**

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

I, LARRY CLAYTON,

(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. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Gadsden County Soil + Water, 2,  
(Office) (District #)

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

I am qualified 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 104244543

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): [Not applicable to write-in candidates.]

X [Redacted Signature] Telephone Number (850) 508-9150 Email Address larry.clayton@agmail.com

Address P.O. Box 704 City Havana State FL ZIP Code 32333

STATE OF FLORIDA

COUNTY OF Gadsden

[Redacted Signature]  
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 15 day of June, 2022  
Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_





FORM 1

STATEMENT OF FINANCIAL INTERESTS

2021

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Clayton Larry Joe

MAILING ADDRESS :

P.O. Box 704

Havana 32333 Gadsden  
CITY: ZIP: COUNTY:

Gadsden County Soil & Water  
NAME OF AGENCY :

Conservation District  
NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board Member

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

RECEIVED

JUN 15 2022

GADSDEN COUNTY SUPERVISOR OF ELECTIONS

\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (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
Social Security	StEB 2002 Old St. Augustin Rd Tallahassee FL	U.S. Social Security Admin
Military Retirement	8899 E 56 <sup>th</sup> St. Indianapolis IN	Dept of Defense
V.A. Disability	SAME AS ABOVE	Same As Above

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (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
<del>Bobt Clayton Pinnacle Farm</del>	<del>Timber - Agriculture</del>	<del>1564 Dodge Ball Park Rd Quincy FL 32357</del>	<del>Agriculture</del>
Larry Clayton Pinnacle Farm	Timber	1564 Dodge Ball Park Rd	Agriculture

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

110 Gulf Highlands Blvd. Panama City Beach FL

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.



JUN 15 2022

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
STOCKS	MERRILL LYNCH
STOCKS	SCHUBB BROKERAGE

FLORIDA SUPERVISOR OF ELECTIONS

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
USAA FEDERAL SAVINGS BANK	9800 FREDICKSBURG RD. SAN ANTONIO TX 78258
Tyndall Federal Credit Union	909 E 23 <sup>RD</sup> ST PANAMA CITY FL. 32405

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	NA	
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 G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:

[Redacted Signature]

Date Signed:

14 June 2022

CPA or ATTORNEY SIGNATURE ONLY

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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

C E FORM 1

SECTION D CONTINUATION:

— Envision Credit Union 517 West Jefferson St. Quincy FL. 32351 ✓

— Tyndall Federal Credit Union 909 E 23<sup>rd</sup> St. Panama City FL 32405 ✓

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SUPERVISOR OF ELECTIONS