

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

RECEIVED

OCT 04 2022

GADSDEN COUNTY
SUPERVISOR OF ELECTIONS

(PLEASE PRINT OR TYPE)

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 (850) 508-9150
5. E-mail address Larry.clayton@aol.com

P.O. Box 704
Havana, FL 32333

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

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

County Commissioner

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

11. Mailing Address

12. Telephone

Janet Lee Clayton
P.O. Box 704
13. City Havana
14. County Gadsden
15. State FL
16. Zip Code 32333
17. E-mail address ajdishon@gmail.com

()

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

19. Name of Bank

20. Address

Capital City Bank
21. City Quincy
22. County Gadsden

4 E Washington St
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

10-4-2002

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

I, Janet Lee Clayton, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10-4-2002
Date

X

**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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SEP 29 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)

LARRY JOE Clayton

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

P.O. Box 704
HAVANA FL
32333

4. Telephone

(850) 508-9150

5. E-mail address

Larry.Clayton@lagmail.com

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

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 Republican 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

P.O. Box 704

12. Telephone

()

13. City

HAVANA

14. County

Gadsden

15. State

FL

16. Zip Code

32333

17. E-mail address

Larry.Clayton@lagmail.com

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

19. Name of Bank

Capital City Bank

20. Address

4 E Washington St.

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

Sept 29 2022

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

Sept 29 2022
Date

or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

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SEP 29 2022

GADSDEN COUNTY
SUPERVISOR OF ELECTIONS

I, Larry Clayton ,

candidate for the office of County Commissioner ;

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



Signature of Candidate

Sept 29 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).

STATE AND LOCAL PARTISAN OFFICE
CANDIDATE OATH -
WITH PARTY AFFILIATION

RECEIVED

SEP 29 2022

GADSDEN COUNTY
SUPERVISOR OF ELECTIONS

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.)

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

_____ ; my legal residence is 1564. Dogar Ball Park Rd _____ County, Florida; I am a qualified elector
(Group or Seat #) Gadsden

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 Republican 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): _____

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

(850) 508 9150
Telephone Number

Larry.Clayton@a9mail.com
Email Address

Address City State 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
this 29th day of September, 2022.
Personally Known OR Produced Identification
Type of Identification Produced: FL Driver License



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

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Clayton, Larry Joe

MAILING ADDRESS:

CITY:

Havana

ZIP:

32333

COUNTY:

Gadsden

NAME OF AGENCY:

Gadsden County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Seat 2

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED

SEP 29 2022

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 9/29, 2022 was \$ 1,186,654.

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 \$ 50,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
IRA's = Merrill Lynch (\$30,000), Schaub (\$5,000), USAA (\$75,000), Gold Trust (\$30,000) EQUITY TRUST (\$400,000)	\$ 540,000
Real Estate (AG, Lakehouse, Homstead.)	\$ 750,000
Farm Equipment	\$ 125,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
USAA (Mr. Cooper)	\$ 147,046.
Tyndall Federal Credit Union	
Envision Credit Union	\$ 2,300
Lowes	\$ 7,000
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	AMOUNT OF LIABILITY
NAME AND ADDRESS OF CREDITOR	
Linda Scruggs	\$ 72,000

[Handwritten signature]

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
Social Security	2002 Old St. Augustine Rd, Titus, FL	\$ 30,786
Dept. of Defense	8879 E 6th St, Indianapolis, MD	\$ 33,837

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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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 29th day of

September 2022



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

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

 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification FL ID

Type of Identification Produced Florida ID

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