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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OFFICE USE ONLY

opening the campaign account.							
1. CHECK APPROPRIATE BOX(ES):							
■ Initial Filing of Form □ Re-filing to Change: □ Treasurer/Deputy □ Depository					☐ Office	☐ Office ☐ Party	
2. Name of Candidate (in this order: First, Middle, Last):		t):	3. Address (include PO Box or Street, City, State, Zip Code):				y, State, Zip Code):
(Please Print or Type Name) David Arthur Godwin			50	052 Or	neida	a Trail	
			Milton, FI 32583				
4. Telephone:	5 Candidate's Voter	Registra		6. Email Ad			
	5. Candidate's Voter Registration #: 6. Email Address: dgodwin4super@gmail.com			om			
(850) 384-6588	(not required for qualit	es)					
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check if applicable:					omice, cneck the box		
Superintendent for Schools							
9. If a candidate for <u>partisan</u> o	ffice, check the box a	nd fill in 1				olicable: I inte	end to run as a
☐ Write-In Candidate. ☐ No	Party Affiliation Candid	date. 🛚 🗓	Re	publicar	<u> </u>		_ Party candidate.
10. I have appointed the follo	wing person to act as	my: 🛚	X Campa	ign Treasure	r	☐ Deputy	Treasurer
11. Name of Treasurer or Dep			12. Telephone: 13. Email Address:				Address:
Suzanne Godwin (850) 384-6461 suzygodwind				vin@bellsouth.net			
14. Mailing Address:		15. Cit	-		16. St		17. Zip Code:
5052 Oneida Trail		Milton		Florida 325		32583	
18. I have designated the following bank as my (check appropriate box): X Primary Depository							
19. Name of Bank: Member's First Credit Union of Florida 20. Address: 5005 US-90							
21. City:		22. County:		23. State: Florida		24. Zip Code: 32571	
Pace							
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: 1/10/-			26. Sig	nature of C	andidat	te:	
25. Date: 3/19/24 X Cinc John							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)							
Suzanne Godwin do hereby accept the appointment designated above as:							
do hereby accept the appointment designated above as: (Please Print or Type Name)							
20 Date: 7 10 3 1			29. Signature of Campaign Treasurer or Deputy Treasurer				
			X Sujame Stocki				
DS-DE 9 (Rev. 09/23)					Ru	ile 1S-2.0001, F.A.C.	

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APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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1. CHECK APPROPRIATE BO							OFFICE OSE ONLE
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 PO Box or Street, City, State, Zip Code)							
(Please Print or Type Name)			5	052 Or	neid:	a Trail	
David Arthur	r Godwin		5052 Oneida Trail				
		Milton, FI 32583					
4. Telephone:	5. Candidate's Voter Registration #: 6. Email Address:						
(850) 384-6588	(not required for qualifying purposes) dgodwin4super@gmail.com						
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, if applicable:				office, check the box			
Superintendent for Schools							
9. If a candidate for <u>partisan</u> o	ffice, check the box a	nd fill in 1				plicable: I into	end to run as a
☐ Write-In Candidate. ☐ No	Party Affiliation Candid	date. 🛚 🗓		epublicar	1		_ Party candidate.
10. I have appointed the follo	wing person to act as	my:	☐ Camp	aign Treasure	er	X Deput	y Treasurer
1 <u> </u>	11. Name of Treasurer or Deputy Treasurer:			12. Telephone: 13. Email Address:			
David Godwin			(850) 384-657			lsuper@gmail.com
14. Mailing Address: 5052 Oneida Trail	14. Mailing Address:		city: 1ilton		16. St	_{tate:} rida	17. Zip Code: 32583
18. I have designated the following bank as my (check appropriate box): X Primary Depository Secondary Depository							
19. Name of Bank: 20. Address:							
Member's First Credit Union of Florida 5005 US-90							
21. City: Pace		22. County: Santa Rosa		23. State: Florida		24. Zip Code: 32571	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE RE							
CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 26. Signature of Candidate:							
25. Date: 3/19/2	4		20. S	igriature of C	allulua		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)							
I, David Godwindo hereby accept the appointment designated above as:							
(Please Print or Type Name)							
☐ Campaign Treasurer.							
			29. Signature of Campaign Treasurer or Deputy Treasurer				
28. Date: 3/19/24 X			ml.	B	Mi		
DS-DE 9 (Rev. 09/23) Rule 1S-2.000				ıle 1S-2.0001, F.A.C.			

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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candidate for the office of Superintendent of Schools

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

Signature of Candidate

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).



Tappie A. Villane

Santa Rosa County Supervisor of Elections

6495 Caroline Street Ste F Milton FL 32570-4592 www.VoteSantaRosa.gov Phone: (850) 983-1900 Fax: (850) 983-1829

2024 Candidate Information Sheet						
Name of Candidate	14.04.0					
David A. Godmin						
Office Seeking	If Partisan Office list Party Affiliation					
Superintendent of Schools	Republican					
Address	•					
5052 Oneida Trail Milton, FL 32583						
E-Mail Address	Phone					
dgodwin 4 super @gmail.com DOB or Voter ID#	850-384-6577					
	1					
107	Teacher					
Campaign Treasurer (Name and Address) 5052	oneid Trail					
Suzanne Godmin Milto	Suzanne Godmin Milton, FL 32583					
E-Mail Address	Phone					
Suzygoduine bellsouthinet	850-384-6577					
Deputy Treasurer (Name and Address) 5052 Oncid Trail						
David Godnin Milton, FL 32583						
E-Mail Address	Phone					
dyodnin 4 super@gmail.com 850-324-6577						
What would you like the public to know about yourself? (Optional)						
What method of Qualifying (Petition) or Pay Qualifying Fee?						



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Candidate Name and Office Seeking

Candidate Received Instructions and/or materials on the following:

Received web address (below) for Candidate Handbook online.
 At the Division of Elections website under publications:

GODWIN 4 SUPER @ 9ms, 1, com

for campaign report reminders.

https://files.floridados.gov/media/707325/candidate-and-campaign-treasurer-handbook-2024-working.pdf

 Provided access to Florida Statutes Chapter 106 – Campaign Financing and Chapter 104 which refers to Violations and Penalties.

https://files.floridados.gov/media/706922/binder1-florida-election-code-2023.pdf

- Informed of Online Campaign Reports and due dates. (Frequency of Campaign Reports will change will send updated Schedule) ID, Password and Pin Numbers will be sent through US Mail.
- Contributions: Limit is \$1,000 aggregate to include check, cash and in-kind per election cycle; \$50
 Cash Limit (also includes candidate); Contributions from joint checking account is from the person
 who signed the check. Each contribution, no matter how small shall include address and if over \$100
 must include specific occupation (cannot list business owner or sales, etc. must list specific type of
 business. Interest from campaign account is considered a contribution from the bank. Also,
 contributions/loans from candidates must be listed. If over \$100, must list occupation. Cannot list
 occupation as "candidate").
- Expenditures: All transactions should go through campaign account. Must list address and purpose for each expenditure.
- Informed Candidate of the requirement that all printed materials should contain Political Disclaimers, samples are included in handbooks. The word "for" must be included for non-incumbents in body of advertisement.

Sign Ordinances are on our website.

Candidate (or Representative) Signature and Date

Due Date of First Campaign Report

Due Date of Statement of Candidate
Form (if not turning in at pre-filing)