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# 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 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)

Joshua Erich Brown

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

180 Pelican way  
Panacea, FL 32346

## 4. Telephone

(850) 528-6385

## 5. E-mail address

jbrown@wptproperties.com

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

Wakulla School Board District IV

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    ☐ \_\_\_\_\_ Party candidate.

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

## 10. Name of Treasurer or Deputy Treasurer

Joshua E Brown

## 11. Mailing Address

180 Pelican Way

## 12. Telephone

(850) 528-6385

## 13. City

Panacea

## 14. County

Wakulla

## 15. State

FL

## 16. Zip Code

32346

## 17. E-mail address

jbrown@wptproperties.com

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

## 19. Name of Bank

Centennial Bank

## 20. Address

2932 Crawfordville Hwy

## 21. City

Crawfordville

## 22. County

Wakulla

## 23. State

FL

## 24. Zip Code

32327

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

05/31/23

## 26. Signature of Candidate

X

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

I, \_\_\_\_\_, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☐

Deputy Treasurer.

X

Date

Signature of Campaign Treasurer or Deputy Treasurer

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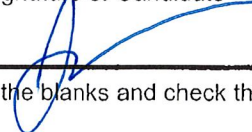
32327

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25. Date

05/31/23

26. Signature of Candidate

X 

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

I, \_\_\_\_\_, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer    ☐ Deputy Treasurer.

X

Date

Signature of Campaign Treasurer or Deputy Treasurer



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**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

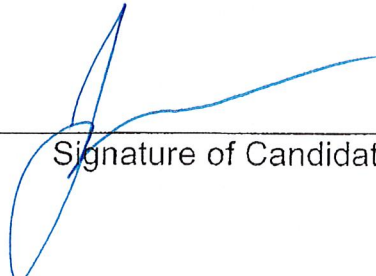
(Please print or type)

2024 OFFICE USE ONLY

SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY FLORIDA

I, Joshua E Brown,  
candidate for the office of Wakulla County School Board District IV,  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

  
Signature of Candidate

5/31/23

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  
SCHOOL BOARD OFFICE**

Check box **only** if you are seeking to qualify  
as a write-in candidate:

☐ Write-in candidate

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SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY FLORIDA

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: \_\_\_\_\_

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 office of Wakulla County School Board, 4;  
(Office) (District #)

I am a qualified elector of Wakulla County, Florida; 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.

**Section 876.05, Florida Statutes** (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and 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 X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X

Signature of Candidate

Telephone Number

Email Address

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Wakulla

Signature of Notary Public

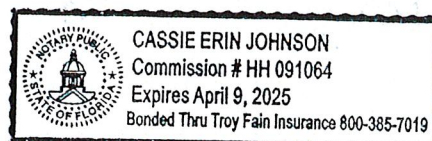
Print, Type, or Stamp Commissioned Name of Notary Public below:

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

this 23 day of May, 2024.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_





## 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.

Amount	Entity

## Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is Joshua E Brown. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Josh Brown. 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 Wakulla

\_\_\_\_\_  
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 23 day of May, 2024.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_



Ashley Lukis  
*Chair*  
Michelle Anchors  
*Vice Chair*  
William P. Cervone  
Tina Descovich  
Freddie Figgers  
Luis M. Fusté  
Wengay M. Newton, Sr.  
Jim Waldman



State of Florida  
**COMMISSION ON ETHICS**  
P.O. Drawer 15709  
Tallahassee, Florida 32317-5709

Kerrie J. Stillman  
*Executive Director*

Steven J. Zuilkowski  
*Deputy Executive Director/  
General Counsel*

(850) 488-7864 Phone  
(850) 488-3077 (FAX)  
[www.ethics.state.fl.us](http://www.ethics.state.fl.us)

325 John Knox Road  
Building E, Suite 200  
Tallahassee, Florida 32303

**"A Public Office is a Public Trust"**

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**VERIFICATION AND RECEIPT OF SUBMISSION  
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Mr Joshua Brown  
Filer PID #: 288161

Date Filed: 5/24/2024  
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests  
Filing ID: 955619

Receipt Print Date: 5/24/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

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