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2023 JUL -7 PM 2:21

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA

**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)

Richard, Allan, Myhre

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

85 Frank Jones Rd
Crawfordville, FL 32327

4. Telephone

(850) 545-8500

5. E-mail address

rickmyhre@gmail.com

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

Superintendent of Schools

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

Elena Myhre

11. Mailing Address

85 Frank Jones Rd

12. Telephone

(850) 728 1690

13. City

Crawfordville

14. County

Wakulla

15. State

FL

16. Zip Code

32327

17. E-mail address

elenamyhre@gmail.com

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

19. Name of Bank

Prime Meridian Bank

20. Address

2201 Crawfordville Hwy

21. City

Crawfordville

22. County

Wakulla

23. State

Florida

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

7-7-2023

26. Signature of Candidate

X 

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

I, ELENA MYHRE, do hereby accept the appointment

(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

7-7-2023

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

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**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA

I, Richard Allan Myhre,

candidate for the office of Superintendent of Schools;

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

X

Richard Myhre

Signature of Candidate

7-7-2023

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
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION**

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2024 JUN 10 PM 12:40

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

Rick Myhre

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

Superintendent of Schools

(Office)

(District #)

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

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.

Statement of Party

I swear or affirm that 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.

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 ☒

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

(850) 545-8500

Telephone Number

rickmyhre@gmail.com

Email Address

85 Frank Jones Rd

Address of Legal Residence

Cramberville

City

FL

State

32327

ZIP Code

STATE OF FLORIDA

COUNTY OF

Wakulla

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

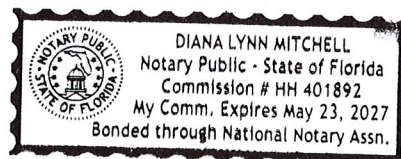
this 10 day of June, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL DL license

Signature of Notary Public

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



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):

Rik Meier

2024 JUN 10 PM 12:40

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 Richard Allan Myhre. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Rick Myhre. 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: Rick Myhre

STATE OF FLORIDA

COUNTY OF Wakulla

Signature of Notary Public

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

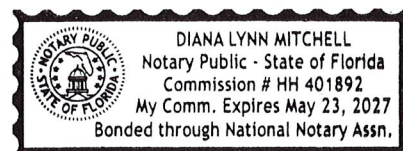
Sworn to (or affirmed) and subscribed before me by means

of online notarization ☐ OR physical presence ☒

this 10 day of June, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL Dr. Lic.



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2024 JUN 10 PM 12:41

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA**General Information**

Name: Mr Richard Allan Myhre
Address: 85 FRANK JONES RD, CRAWFORDVILLE, FL 32327
County: Wakulla

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Superintendent of Schools	Wakulla County Schools	Superintendent of Schools

Net Worth

My Net Worth as of June 3, 2024 was \$ 1,105,360.00.

2023 Form 6 - Full and Public Disclosure of Financial Interests

Assets

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 effect is \$ 30,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal Residence 85 Frank Jones Rd, Crawfordville FL	\$ 445,422.00
Disney Vacation Club Timeshare- Grand Floridian	\$ 15,000.00
Envision Credit Union Checking Account	\$ 1,400.00
Envision Credit Union Saving Account	\$ 15,000.00
Charles Schwab Roth IRA	\$ 135,900.00
Charles Schwab Individual Brokerage Account	\$ 11,300.00
Charles Schwab 529	\$ 29,700.00
Raymond James Individual Brokerage Account	\$ 60,000.00
Ameris Savings Account 1	\$ 4,100.00
Ameris Savings Account 2	\$ 22,100.00
Ameris Savings Account 3	\$ 35,700.00
Ameris Checking Account	\$ 53,000.00
Ameris Money Market Account	\$ 88,800.00
Ameris Certificate of Deposit 1	\$ 3,600.00
Ameris Certificate of Deposit 2	\$ 12,000.00
Ameris Certificate of Deposit 3	\$ 41,500.00
Ameris Certificate of Deposit 4	\$ 20,600.00
Ameris Certificate of Deposit 5	\$ 12,100.00
Ameris Certificate of Deposit 6	\$ 41,500.00
Ameris Certificate of Deposit 7	\$ 41,500.00

2023 Form 6 - Full and Public Disclosure of Financial Interests

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Envision Credit Union-Used Vehicle Loan	PO Box 5198 Tallahassee, FL 32314	\$ 11,122.00
Chase Visa Credit Card	P.O. Box 15299 Wilmington, DE 19850	\$ 3,740.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Wakulla County Schools	69 Arran Rd. Crawfordville, FL 32327	\$ 81,651.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses		
 <table border="1"><tr><td>Business Entity # 1</td></tr><tr><td>N/A</td></tr></table>	Business Entity # 1	N/A
Business Entity # 1		
N/A		

Signature of Reporting Official or Candidate
<p>Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.</p> <p><i>Richard Allan Myhre</i></p> <p>Digitally signed: 06/09/2024</p>