

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)

Annie Nichole Nichols

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

4. Telephone

5. E-mail address

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

self

11. Mailing Address

12. Telephone

()

13. City

14. County

15. State

16. Zip Code

17. E-mail address

18. I have designated the following bank as my

☒ Primary Depository

☐ Secondary Depository

19. Name of Bank

20. Address

Prime Meridian Bank 2201 Crawfordville Hwy.

21. City

22. County

23. State

24. Zip Code

Crawfordville

Wakulla

FL

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

9/22/2023

26. Signature of Candidate

X Angie Nichols

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

I, Angie Nichols, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

9/22/2023

Date

X Angie Nichols

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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2023 SEP 22 PM 3:50

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA

I, Angie Nichols,
candidate for the office of School Board Member;
District 2
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Angie Nichols
Signature of Candidate

9/21/2023
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
SCHOOL BOARD OFFICE**

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

☐ Write-in candidate

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2024 JUN 12 PM 1:20

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

Angie Nichols

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

School Board District 2
(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 ☒

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

X Angie Nichols

STATE OF FLORIDA

COUNTY OF Wakulla

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

online notarization ☐ OR physical presence ☒

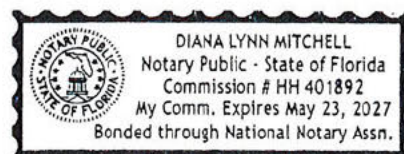
this 12 day of June, 2024

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

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):

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

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SUPERVISOR OF ELECTIONS
WALDELL COUNTY FLORIDA

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

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

My nickname is Angie Nichols. 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: Angie Nichols

STATE OF FLORIDA

COUNTY OF WaldeLL

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

of online notarization ☐ OR physical presence ☒

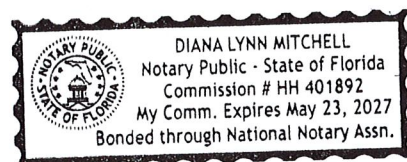
this 12 day of June, 2024

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

Signature of Notary Public

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



2023 Form 6 - Full and Public Disclosure of Financial Interests

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2024 JUN 12 PM 1:16

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

General Information

Name: Mrs Angela Nichole Nichols

Address:



County: Wakulla

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

District School Board

Wakulla County School Board

School Board Member, District 2

Net Worth

My Net Worth as of December 31, 2023 was -\$ 602,520.79.

For Quality only

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 \$ 16,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Bank Account	\$ 1,643.21
401k	\$ 10,000.00

For Qualifying
purposes Only

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
N/A		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
Midwest Loan Services	P.O. Box 209, Hancock, MI 49930	\$ 399,000.00
First Florida Credit Union	500 W 1st Street, Jacksonville, FL 32202	\$ 32,888.00
Amerifirst Home Improvement	11171 Mill Valley Road, Omaha, NE 68154	\$ 86,123.00
FSU Credit Union	2806 Sharer Road, Tallahassee, FL 32312	\$ 12,541.00
FSU Credit Union	2806 Sharer Road, Tallahassee, FL 32312	\$ 52,000.00
FSU Credit Union	2806 Sharer Road, Tallahassee, FL 32312	\$ 5,428.00
Ally Financial	P.O. Box 380901, Bloomington, MN 55438	\$ 38,240.00
Wells Fargo Bank N.A.	P.O. Box 71118 Charlotte, NC 28272-1118	\$ 3,944.00

2023 Form 6 - Full and Public Disclosure of Financial Interests

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
NWF Health Network	525 N. Martin Luther King, Jr. Blvd., Tallahassee, FL 32301	\$ 60,000.00

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

Business Entity # 1

N/A

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Angela Nichole Nichols

Digitally signed: 06/10/2024

For Qualifying
Purposes Only