

**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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2023 OCT -5 PM 4:17

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA

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)

Joseph R. Morgan

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

137 Longleaf Dr.
Crawfordville, FL 32327

4. Telephone

(850) 445-3364

5. E-mail address

jrm6301@gmail.com

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

Wakulla County
Supervisor of Elections

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

Joseph R. Morgan

11. Mailing Address

137 Longleaf Dr

12. Telephone

(850) 445-3364

13. City

Cville

14. County

Wakulla

15. State

FL

16. Zip Code

32327

17. E-mail address

jrm6301@gmail.com

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

19. Name of Bank

Capital City Bank

20. Address

2592 Crawfordville Hwy

21. City

Cville

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

10/05/2023

26. Signature of Candidate

X

Joe Morgan

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

I, Joe Morgan, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer. ☐ Deputy Treasurer.

10/05/2023

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)

OFFICE USE ONLY: 17

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA

I, Joseph R. Morgan,
candidate for the office of Wakulla County Supervisor of Elections
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

10/05/2023

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 -7 AM 10:50

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Joe Morgan

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 Supervisor of Elections ☐ (Office) (District #)

 (Circuit #), (Group or Seat #); 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.

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 X

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

X Joe Morgan (850) 445-3364 jrm6301@gmail.com
Signature of Candidate Telephone Number Email Address
99 Sierra Lane Crawfordville FL 32327
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Wakulla

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

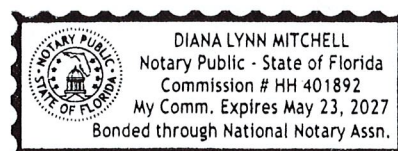
this 6 day of June, 2024

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced:

Signature of Notary Public

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



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

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

Kerrie J. Stillman
Executive Director

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

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SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA
(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

"A Public Office is a Public Trust"

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 Joseph Russell Morgan
Filer PID #: 272621

Date Filed: 6/7/2024
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests
Filing ID: 961698

Receipt Print Date: 6/7/2024

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.

2023 Form 6 - Full and Public Disclosure of Financial Interests

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Filed with COE: 06/07/2024

2024 JUN 10 PM 12:58

General Information

Name: Mr Joseph Russell Morgan
Address: 137 LONGLEAF DR, CRAWFORDVILLE, FL 32327
County: Wakulla

PID 272621

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

AGENCY INFORMATION

Organization	Suborganization	Title
Wakulla County	Elected Constitutional Officer	

CANDIDATE FOR

Position	Agency Name	Position sought or held
Supervisor of Elections	Wakulla County Supervisor of Elections	Supervisor of Elections

Net Worth

My Net Worth as of December 31, 2023 was \$ 305,500.00.

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/07/2024

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 \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
137 Longleaf Dr Crawfordville, FL 32327	\$ 400,000.00
2021 Chevrolet Silverado 1500	\$ 42,000.00
2022 Hyundai Palisade	\$ 50,000.00
2023 XP 1000 Polaris Ranger	\$ 23,000.00
Ameris Bank Checking Account PO BOX 105075 Atlanta, GA 30348	\$ 3,000.00

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/07/2024

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mr. Cooper	8950 Cypress Waters Boulevard, Dallas, TX 75019	\$ 165,000.00
Sheffield Financial	PO BOX 580229 Charlotte, NC 28258	\$ 16,000.00
GM Financial	PO BOX 183834 Arlington, TX 76096	\$ 30,000.00
Ally Financial	PO BOX 9001951 Louisville, KY 40290	\$ 35,000.00
Ameris Bank	PO BOX 105075 Atlanta, GA 30348	\$ 3,000.00
Mojela	PO BOX 790233 St. Louis, MO 63179	\$ 13,500.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/07/2024

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 BOCC	3093 Crawfordville Hwy Crawfordville, FL 32327	\$ 128,279.00

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

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/07/2024

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Joseph Russell Morgan

Digitally signed: 06/07/2024

Filed with COE: 06/07/2024