

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.

RECEIVED

2023 OCT 27 AM 8:45

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA

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)

Camden Smit

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

406 Hickorywood Dr.
Crawfordville, FL 32327

4. Telephone

(352) 638-5000

5. E-mail address

Camdensmit@aol.com

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

School Board District 4

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

Camden Smit

11. Mailing Address

406 Hickorywood Dr.

12. Telephone

(352) 638-5000

13. City

Crawfordville

14. County

Wakulla

15. State

FL

16. Zip Code

32327

17. E-mail address

Camdensmit@aol.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

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

10/27/2023

26. Signature of Candidate

X Camden Smit

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

I, Camden Smit, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

10/27/2023
Date

X Camden Smit
Signature of Campaign Treasurer or Deputy Treasurer

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.

RECEIVED

2023 NOV -2 PM 3:26

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA

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)

Camden Smit

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

406 Hickorywood Dr.
Crawfordville, FL 32327

4. Telephone

(352) 638-5000

5. E-mail address

Camdensmit@aol.com

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

School Board, District 4

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

Melanie Bostick

11. Mailing Address

103 Mathers Farm Rd.

12. Telephone

(850) 688-3183

13. City

Crawfordville

14. County

Wakulla

15. State

FL

16. Zip Code

32327

17. E-mail address

shanks.melanie@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

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

11/2/2023

26. Signature of Candidate

X

Camden Smit

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

I, Melanie Bostick, do hereby accept the appointment
(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

11/2/2023

Date

X Melanie S. Bostick

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

2023 OCT 27 AM 8:45

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA

I, Camden Smit,
candidate for the office of Wakulla County School Board District 4;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Camden Smit
Signature of Candidate

10/27/23
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

RECEIVED
2024 JUN 11 AM 11:26
SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Camden Smit

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 Camden Smit (352) 638-5000 camdensmit@aol.com

Signature of Candidate

Telephone Number

Email Address

406 Hickorywood Dr.

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 ☒

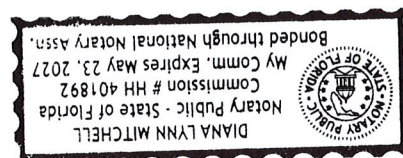
this 11 day of June, 2024

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

[Signature]
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):

CAM-DEN SMIT

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

RECEIVED
2024 JUN 11 AM 11:25
SUPERVISOR OF ELECTIONS
JAMILLA COURTNEY FLORES

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

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

My nickname is _____. 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: - none -

STATE OF FLORIDA

COUNTY OF _____

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 _____ day of _____, 20_____.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: _____

RECEIVED

2023 Form 6 - Full and Public Disclosure of Financial Interests

2024 JUN 11 AM 11:26

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

General Information

Name: Mrs Camden Smit
Address: 406 HICKORYWOOD DR, CRAWFORDVILLE, FL 32327
County:

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
District School Board	Wakulla County	School Board District 4

Net Worth

My Net Worth as of June 5, 2024 was \$ 1,270,000.00.

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 \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Primary Residence	\$ 700,000.00
CD	\$ 500,000.00
Personal Vehicle	\$ 20,000.00

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
N/A		

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
Florida Virtual School	Part-Time Job	\$ 22,000.00

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 Form6 and that the facts stated in it are true.

Camden Smit

Digitally signed: 06/05/2024