

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 27 PM 1:33

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)

Joshua Matthew Lawhon

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

P.O. Box 581  
Sopchoppy, FL 32358

4. Telephone

(850) 528-3604

5. E-mail address

shrtstop06@embargo.com

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

County Commissioner District 5

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

Niki Lawhon

11. Mailing Address

P.O. Box 581

12. Telephone

(850) 528-3605

13. City

Sopchoppy

14. County

Wakulla

15. State

FL

16. Zip Code

32358

17. E-mail address

niki.lawhon@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

10/27/23

26. Signature of Candidate

X 

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

I, Niki Lawhon

(Please Print or Type Name)

, do hereby accept the appointment

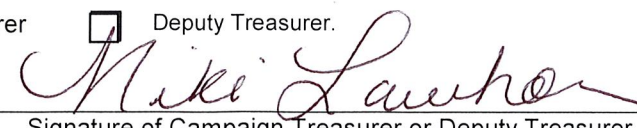
designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

10/27/23

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY, FLORIDA

I, Joshua Matthew Lawhon,

candidate for the office of County Commissioner District 5;

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

X

Joshua Lawhon  
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  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

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2024 JUN 11 AM 8:50

SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY FL OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: Josh Lawhon

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 County Commissioner ☐ 5  
(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 X

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

X Joshua Lawhon

(850) 528-3604

shrtstop06@embarqmail.co

Signature of Candidate

Telephone Number

Email Address

7850 Smith Creek Road

Sopchoppy

Florida

32358

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Wakulla

Sarah C. Gray  
Signature of Notary Public

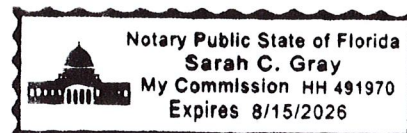
Print, Type, or Stamp Commissioned Name of Notary Public below:

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

this 11 day of June, 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):

Josh Lawhaon

## 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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2024 JUN 1 AM 8:50  
SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY FLORIDA

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

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

My nickname is Josh Lawhon. 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:

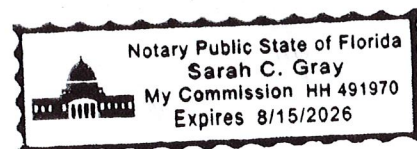
Sworn to (or affirmed) and subscribed before me by means

of online notarization ☐ OR physical presence ☒

this 11 day of June, 2024

Personally Known ☒ OR Produced Identification ☐

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



## 2023 Form 6 - Full and Public Disclosure of Financial Interests

### General Information

Name: Mr Joshua Matthew Lawhon

Address: 7850 SMITH CREEK RD, SOPCHOPPY, FL 32358

County: Wakulla

Organization

Suborganization

Title

N/A

### CANDIDATE FOR

Position

Agency Name

Position sought or held

County Commission

Wakulla County

County Commissioner District 5

### Net Worth

My Net Worth as of May 31, 2024 was \$ 372,732.00.

## 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 \$ 20,000.00.

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
7850 Smith Creek Road Sopchoppy, FL	\$ 345,000.00
2017 GMC 2500	\$ 36,600.00
2019 Acura MDX	\$ 25,000.00
2016 Chevrolet 1500	\$ 16,300.00
2004 Chevrolet 1500	\$ 2,500.00
1997 Chevrolet 1500	\$ 1,500.00
Centennial Bank Accounts	\$ 5,100.00
Prime Meridian Bank Accounts	\$ 29,500.00
Northwestern Mutual	\$ 85,000.00



# 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
Wells Fargo	P.O. BOX 17900 Denver, CO 80217	\$ 4,595.00
First Commerce Credit Union	P.O. Box 6416 Tallahassee, FL 32314	\$ 34,173.00
Citizens	P.O. Box 2800 Glen Allen, VA 23058-2800	\$ 155,000.00

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
Gulf Coast Lumber	3361 Crawfordville Hwy., Crawfordville, FL 32327	\$ 125,610.00

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			

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

<b>Signature of Reporting Official or Candidate</b>
<p>Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.</p> <p><b><i>Joshua Matthew Lawhon</i></b></p> <p>Digitally signed: 06/10/2024</p>



CANDIDATE PETITION CERTIFICATION

STATE OF FLORIDA  
**Wakulla County**

Serial # 583

TITLE:      **2024 Josh Lawhon CC District 5**

**Batch Certification**

<b>Valid Signatures</b>	<b>236</b>
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I hereby certify these valid verified signatures since the previous certification.

\_\_\_\_\_  
(Signed) Joe Morgan  
Supervisor of Elections

Date:\_\_\_\_\_

**Please provide a copy of the petition along with this form.**