

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  
2024 JAN -3 AM 10:25

2024 DEC 31 AM 10:23  
SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY FLORIDA  
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)

ARMAND G. REYES

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

132 HARVEY MILL RD.  
CRAWFORDVILLE FL 32327

4. Telephone

(631) 988-1903

5. E-mail address

ARMYFORSHERIFF2024@GMAIL.COM

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

WAKULLA COUNTY SHERIFF

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

HELEN HENDERSON

11. Mailing Address

2 LAKESIDE CV

12. Telephone

(732) 330-3338

13. City

CRAWFORDVILLE

14. County

WAKULLA

15. State

FL

16. Zip Code

32327

17. E-mail address

HELENJANKOWSKI@YAHOO.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

1/2/2024

26. Signature of Candidate

X *Armand G. Reyes*

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

I, HELEN HENDERSON, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer. ☐ Deputy Treasurer.

Date

*Jan 2, 2024*

Signature of Campaign Treasurer or Deputy Treasurer

X *Helen Henderson*

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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2024 JAN -3 AM 10:26

SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY FLORIDA

I, ARMOND G. REYES,

candidate for the office of WAKULLA COUNTY SHERIFF;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Armond G. Reyes  
Signature of Candidate

1/2/2024  
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 9:35  
SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY FLORIDA  
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**Candidate Oath**

Name to appear on ballot: ARMANDO "ARMY" REYES

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 SHERIFF, \_\_\_\_\_  
(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 Armando S. Reyes (631) 988-1903 REACTORARMY1@GMAIL.COM  
Signature of Candidate Telephone Number Email Address  
132 HARVEY MILL RD CRONFORDVILLE FL 32327  
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF WAKULLA

Savannah Hollington  
Signature of Notary Public

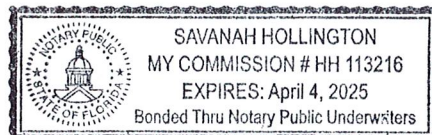
Print, Type, or Stamp Commissioned Name of Notary Public below:

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

this 3 day of January, 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):

### 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 ARMANDO G. REYES. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is ARMY REYES. 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 : 

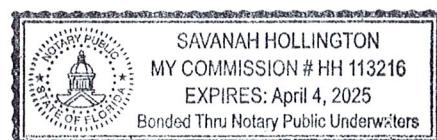
STATE OF FLORIDA

COUNTY OF NAKULA

  
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 3rd day of January, 2024.  
Personally Known ☒ OR Produced Identification ☐

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





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2024 JUN 13 AM 11:31

## General Information

SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY FLORIDA

Name: Armand Grospe Reyes  
Address: 132 HARVEY MILL RD, CRAWFORDVILLE, FL 32327  
County: Wakulla

Organization	Suborganization	Title
N/A		

## CANDIDATE FOR

Position	Agency Name	Position sought or held
Sheriff	Wakulla County Sheriffs Office	Wakulla Sheriff

## Net Worth

My Net Worth as of June 10, 2024 was -\$ 366,789.00.

# 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 \$ 37,500.00.

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

Description of Asset	Value of Asset
Bank Account	\$ 9,796.00
Bank Account	\$ 3,591.00

## Liabilities

### LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Freedom Mortgage	PO Box 619063 Dallas TX 75261	\$ 265,745.93
Ally	PO Box 380902	\$ 46,480.00
Chrysler Capital	PO Box 680335 Dallas, TX 75266	\$ 69,910.00
Synchrony Bank	PO Box 71791 Philadelphia PA 19176	\$ 22,154.00

### 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

### 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
Waypoint Properties	3004 Crawfordville Hwy Crawfordville FL 32327	\$ 131,000.00
NYSLRS (pension)	110 State St, Albany NY 12244	\$ 95,527.00

#### 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.

***Armand Grospe Reyes***

Digitally signed: 06/13/2024

For Quality  
purposes only