

**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 filing officer before opening the campaign account.

RECEIVED

2024 JAN 12 PM 3:57

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA
OFFICE USE ONLY

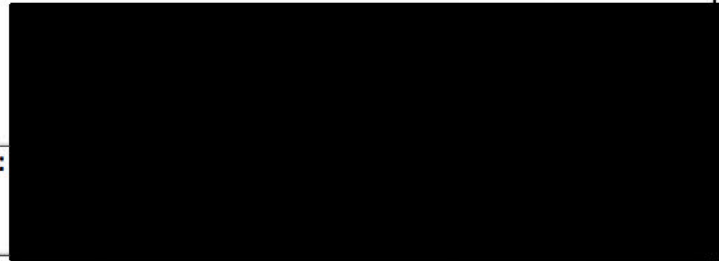
1. CHECK APPROPRIATE BOX(ES):

☐ Initial Filing of Form ☐ Re-filing to Change: ☒ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last):
(Please Print or Type Name)

Jared F. Miller

3. Address (include PO Box or Street, City, State, Zip Code):



4. Telephone:

5. Candidate's Voter Registration #:

108824984

(not required for qualifying purposes)

istrict, circuit, group, or seat #):

Sheriff

8. if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☒ Republican Party candidate.

10. I have appointed the following person to act as my: ☐ Campaign Treasurer ☒ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Lisa Brown

12. Telephone:

(850) 597-0313

13. Email Address:

lisadbrown1@gmail.com

14. Mailing Address:

77 Belle Forbes Ln. Crawfordville

15. City:

Crawfordville

16. State:

FL

17. Zip Code:

32327

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

Centennial Bank

20. Address:

2932 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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

1/10/24

26. Signature of Candidate:

X

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

I, Lisa Brown do hereby accept the appointment designated above as:
(Please Print or Type Name)

☐ Campaign Treasurer.

☒ Deputy Treasurer.

28. Date:

1/10/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X

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 filing officer before
opening the campaign account.

RECEIVED

2024 JAN -4 AM 10:55

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):
(Please Print or Type Name)

JARED F. MILLER

3. Address (include PO Box or Street, City, State, Zip Code):

4. Telephone:

5. Candidate's Voter Registration #

108824984

(not required for qualifying purposes)

, circuit, group, or seat #):

Sheriff

8. If a candidate for a nonpartisan office, check the box
if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☒ Republican Party candidate.

10. I have appointed the following person to act as my:

☒ Campaign Treasurer

☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Jared F. Miller

12. Telephone:

13. Email Address:

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

Centennial Bank

20. Address:

2932 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 THE APPOINTMENT OF THE
CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

1/4/2024

26. Signature of Candidate:

X

Jared F. Miller

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

I, Jared F. Miller

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

1/4/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X

Jared F. Miller

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

I, Jared F. Miller,
candidate for the office of Sheriff;

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

X 
Signature of Candidate

1/4/2024
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

RECEIVED
2024 JUN -6 AM 10:41
SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA
OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

Jared Miller

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

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 Jared A. Miller

Signature of Candidate

Telephone Number

Email Address

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 ☒

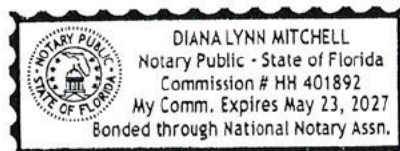
this 06 day of June, 2024

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

Kerrie J. Stillman
Executive Director

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

(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

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

"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: Sheriff Jared Forbes Miller
Filer PID #: 264704

Date Filed: 6/3/2024
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests
Filing ID: 961048

Receipt Print Date: 6/3/2024

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.

RECEIVED
MAY 35 PM 2:14
SUPERVISOR OF ELECTIONS
TALLAHASSEE, FLORIDA