

**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 -5 PM 1:34

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)

Valerie Marie Russell

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

92 Pimlico Dr.
Crawfordville, FL 32327

4. Telephone:

(850) 879-0759

5. Candidate's Voter Registration #:

104794572

(not required for qualifying purposes)

6. Email Address:

vmrussell70@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

Wakulla County
Commissioner District 3

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:

Valerie Russell

12. Telephone:

(850) 879-0759

13. Email Address:

vmrussell70@gmail.com

14. Mailing Address:

92 Pimlico Dr.

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:

Capital City Bank

20. Address:

2592 Crawfordville Highway

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:

1/5/24

26. Signature of Candidate:

☒ Valerie M Russell

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

I, Valerie M Russell

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

1/5/24

29. Signature of Campaign Treasurer or Deputy Treasurer

☒ Valerie M Russell

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA

I, Valerie Marie Russell,
candidate for the office of County Commissioner District B

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

X Valerie Marie Russell
Signature of Candidate

1/5/2024
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 PM 12:21

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

Valerie Russell

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 Commission
(Office)

3
(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 Valerie Russell, 850 879-0759 vmrussell70@gmail.com

92 Kimlico Dr, Crawfordville FL 32327
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Wakulla

Celina L. Greene
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: _____



CELINA L. GREENE
Commission # HH 008282
Expires June 23, 2024
Bonded Thru Budget Notary Services

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 Valerie Marie Russell. 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:

Valerie M Russell

STATE OF FLORIDA

COUNTY OF

Wakulla

Celina L. Greene

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: _____



CELINA L. GREENE
Commission # HH 008282
Expires June 23, 2024
Bonded Thru Budget Notary Services

2023 Form 6 - Full and Public Disclosure of Financial Interests

General Information

Name: Valerie Marie Russell
Address: 92 Pimlico Drive, Crawfordville, FL 32327
County: Wakulla

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commission	Wakulla County Commissioner	District 3

Net Worth

My Net Worth as of June 9, 2024 was \$ 803,803.00.

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 \$ 4,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
92 Pimlico Drive	\$ 161,324.00
Lincoln Financial	\$ 102,967.00
Fidelity Investments	\$ 186,000.00
Ameritas Retirement	\$ 100,632.00
Capital City Bank	\$ 150,000.00
Bank of America	\$ 50,800.00
Envision Credit Union	\$ 16,000.00
1995 Jeep Wrangler	\$ 5,000.00
Chevrolet Traverse	\$ 22,680.00
Florida PrePaid Investment Plan	\$ 4,000.00

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
N/A		

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
FAMILY NURSE PRACTITIONER	TALLAHASSEE PHYSICIAN PARTNERS	\$ 105,000.00
FAMILY NURSE PRACTITIONER	CIRCLE MEDICAL	\$ 90,000.00
FAMILY NURSE PRACTITIONER	PANHANDLE PRIMARY CARE	\$ 10,000.00

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	
Name of Business Entity	Panhandle Primary Care
Address of Business Entity	92 Pimlico Drive; Crawfordville, FL 32327
Principal Business Activity	Primary Care
Position Held with Entity	Owner
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	I am the owner of the company, Family Nurse Practitioner

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.

Valerie Marie Russell

Digitally signed: **06/09/2024**