

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 22 PM 2:15

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)

Lisa Craze

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

95 Hot Owl Hollow
Crawfordville, FL 32327

4. Telephone:

(850) 510-0243

5. Candidate's Voter Registration #:

108818423
(not required for qualifying purposes)

6. Email Address:

lisacraze3@gmail.com

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

Tax Collector

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:

Lisa Craze

12. Telephone:

(850) 510-0243

13. Email Address:

lisacraze3@gmail.com

14. Mailing Address:

95 Hot Owl Hollow

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:

Prime Meridian

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

25. Date:

1-22-2024

26. Signature of Candidate:

X Lisa Craze

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

I, Lisa Craze do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

1-22-2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X Lisa Craze

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

I, Lisa Craze,

candidate for the office of Tax Collector;

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

X Lisa Craze
Signature of Candidate

1-22-2024
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 11:42

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

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Candidate Oath

Name to appear on ballot: Lisa Craze

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 Tax Collector, (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 Lisa Craze (850) 510-0243 lisacraze3@gmail.com
Signature of Candidate Telephone Number Email Address
95 Hoot Owl Hollow Wakulla 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 008202
Expires June 23, 2024
Bonded Thru Budget Notary Services

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/11/2024

General Information

Name: Hon Lisa Craze
Address: 95 HOOT OWL HOLW, CRAWFORDVILLE, FL 32327
County: Wakulla
PID 272618

AGENCY INFORMATION

Organization	Suborganization	Title
Wakulla County	Elected Constitutional Officer	
Wakulla County	One Cent Sales Tax Oversight Committee	Committee Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
Tax Collector	Wakulla County	Tax Collector

Net Worth

My Net Worth as of December 31, 2023 was \$ 185,268.37.

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SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/11/2024

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
95 Hoot Owl Hollow, Crawfordville, FL 32327	\$ 258,219.00
00-00-081-000-11510-000	\$ 10,000.00
Bank Account - Capital City Bank	\$ 5,272.93
Bank Account - Ameris Bank	\$ 15,604.60
Capital One Savings Account	\$ 5,054.78
2019 Jeep Grand Cherokee	\$ 25,000.00

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
Nationstar Mortgage	PO Box 650783, Dallas, TX 75265	\$ 52,863.42
Truist	PO Box 580048, Charlotte, NC 28258	\$ 8,303.88

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
Wakulla County Tax Collector's Office	PO Box 280, Crawfordville, FL 32326	\$ 123,414.30

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

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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.

Lisa Craze

Digitally signed: 06/11/2024

Filed with COE: 06/11/2024