

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

2024 FEB -5 AM 10:41

NOTE: This form must be on file with the filing officer before opening the campaign account.

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)

Greg James

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

34 Excalibur Drive  
Crawfordville, FL 32327

**4. Telephone:**

(850) 210-4432

**5. Candidate's Voter Registration #:**

108819463

(not required for qualifying purposes)

**6. Email Address:**

wgjames68@gmail.com

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

Clerk of Courts

**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:**

Greg James

**12. Telephone:**

(850) 210-4432

**13. Email Address:**

wgjames68@gmail.com

**14. Mailing Address:**

34 Excalibur Drive

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

**25. Date:**

February 5, 2024

**26. Signature of Candidate:**

X

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

I, Greg James do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

February 5, 2024

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

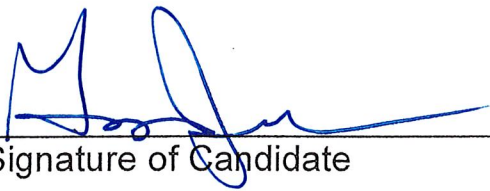
(Please print or type)

OFFICE USE ONLY  
**RECEIVED**  
2024 FEB -5 AM 10:41  
SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY FLORIDA

I, William Greg James,  
candidate for the office of Clerk of Courts;

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

X

  
Signature of Candidate

February 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**

RECEIVED  
2024 JUN 10 PM 12:26  
SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY FLORIDA  
OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: Greg James

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 Clerk of Courts (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 [Signature] (850) 210-4432 wgjames68@gmail.com  
Signature of Candidate Telephone Number Email Address  
34 Excalibur Drive Crawfordville FL 32327  
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 ☒

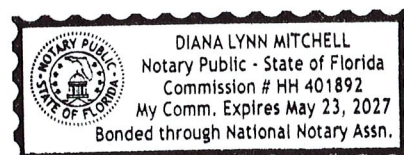
this 10 day of June, 2024

Personally Known ☒ OR Produced Identification ☐

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

[Signature]  
Signature of Notary Public

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



2024 JUN 10 PM 12:26

**General Information**

SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY FLORIDA

Name: Mr William G James  
Address: 34 EXCALIBUR DR, CRAWFORDVILLE, FL 32327  
County: Wakulla  
PID 251632

**AGENCY INFORMATION**

Organization	Suborganization	Title
Wakulla County	Elected Constitutional Officer	
Wakulla County	Elected Constitutional Officer	Clerk of Circuit Court
Wakulla County	Employees	Clerk of Circuit Court

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
Clerk of the Courts and Comptroller	Wakulla County	Clerk of Courts and Comptroller

**Net Worth**

My Net Worth as of December 31, 2023 was \$ 521,759.58.

## 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 \$ 73,325.04.

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

Description of Asset	Value of Asset
Residential home and land - 34 Excalibur Drive, Crawfordville, Fl.	\$ 243,300.00
Checking Account - Ameris Bank	\$ 7,438.00
Retirement CD Account - Ameris Bank	\$ 1,598.15
Household goods and personal effects	\$ 73,325.04
Mutual Fund - Nationwide Retirement Solutions	\$ 34,516.42
Money Markey Account - Vio Bank	\$ 4,006.80

### Liabilities

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

Name of Creditor	Address of Creditor	Amount of Liability
Movement Mortgage	8024 Calvin Hall Road, Indian Land, SC 29707	\$ 232,515.88
Capital One Credit Card	P.O.Box 60519, City of Industry, CA 91716-0519	\$ 2,839.31

#### 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
Wakulla County Clerk of Court & Comptroller	3056 Crawfordville Hwy, Crawfordville, Fl. 32327	\$ 117,990.00

#### 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

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

---

### 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 Form6 and that the facts stated in it are true.

***William G James***

Digitally signed: 06/04/2024

Filed with COE: