

**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.

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2024 APR -1 AM 9:56

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)

DONNIE RICHARD SPARKMAN

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

56 LOST CREEK TRAIL
CRAWFORDVILLE, FL 32327

4. Telephone:

(850) 926-5466

5. Candidate's Voter Registration #:

108825207
(not required for qualifying purposes)

6. Email Address:

LITTLERED1@CENTURYLINK.NET

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

PROPERTY APPRAISER

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:

DONNIE SPARKMAN

12. Telephone:

(850) 926-5466

13. Email Address:

LITTLERED1@CENTURYLINK.NET

14. Mailing Address:

56 LOST CREEK TRAIL

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:

P.O. BOX 13629

21. City:

TALLAHASSEE

22. County:

LEON

23. State:

FL.

24. Zip Code:

32317

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:

3-29-2024

26. Signature of Candidate:

X 

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

I, DONNIE SPARKMAN do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

3-29-2024

29. Signature of Campaign Treasurer of Deputy Treasurer

X 

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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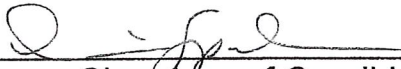
SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

I, DONNIE SPARKMAN,

candidate for the office of PROPERTY APPRAISER;

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

X



Signature of Candidate

3-29-2024

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 10 PM 12:02

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: DONNIE SPARKMAN

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 PROPERTY APPRAISER, _____
(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.

[Signature]
X [Signature]
Signature of Candidate Telephone Number (850) 926-5466 Email Address LITLERED1@CENTURYLINK.NET
56 COST CREEK TRAIL CRAWFORDVILLE FL 32327
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF WAKULLA

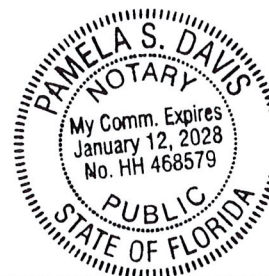
Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒

this 10th day of JUNE, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FLN-5162-176-48-143-0

[Signature]
Signature of Notary Public PAMELA S. DAVIS
Print, Type, or Stamp Commissioned Name of Notary Public below:



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2024 JUN 10 PM 12:02

General Information

Name: Mr Donnie Richard Sparkman
Address: 56 LOST CREEK TRL, CRAWFORDVILLE, FL 32327
County: Wakulla

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Property Appraiser	Property Appraiser, Wakulla County	Property Appraiser, Wakulla County

Net Worth

My Net Worth as of June 1, 2024 was \$ 826,400.00.

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 \$ 237,885.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home and 10 acres, 56 Lost Creek Trail, Crawfordville, FL 32327	\$ 350,000.00
8.29 acres at Wildlife Lane, Crawfordville, FL 32327	\$ 82,900.00
Cabin and 1 acre(1/4 interest), 38783 SE State Road 2, Telogia, FL 32360	\$ 5,000.00
FSU Credit Union, 11 Osceola Court, Crawfordville, FL 32327	\$ 14,571.00
Centennial Bank P.O. 966, Conway, AR 72033	\$ 15,844.00
Prime Meridian Bank, 1471 Timberlane Road, Tallahassee, FL 32312	\$ 42,512.00
Ira Retirement Acct., 12325 Port Grace Blvd, Lavista, NE 68128	\$ 84,652.00

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
Prime Meridian Bank	1471 Timberlane Road, Tallahassee, FL 32312	\$ 12,800.00
The First	P.O. Box 15549, Hattiesburg, MS 39404	\$ 102,930.00

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
State of Florida	Florida Retirement Division of Retirement, P.O. Box 9000, Tallahassee, FL 32315System, f	\$ 56,713.20
Social Security	P.O. Box 67610, Wilkes-Barre, PA 18767	\$ 34,210.00
Department of Veterans Affairs	P.O. Box 4444, Janesville, WI 53547	\$ 17,842.56

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.

Donnie Richard Sparkman

Digitally signed: 06/07/2024