

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(1) and 106.021(1), F.S.)

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2018 APR 16 P 2:22

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

☒ Original Appointment of Treasurer ☐ Reappointment of Treasurer ☐ Deputy Treasurer

1. Committee or Organization Our Kids First	2. Telephone (850 ) 217-2783
3. Name of Treasurer or Deputy Treasurer Deborah Leonard	4. Email (optional) 5. Telephone (optional) ( )

6. Mailing Address  
2615 Centennial Boulevard, Suite 200, Tallahassee, Florida 32308

7. Street Address  
2615 Centennial Boulevard, Suite 200, Tallahassee, Florida 32308

8. The following bank has been designated as the ☒ Primary Depository ☐ Secondary Depository

9. Name of Bank Capital City Bank	10. Street Address 217 North Monroe Street
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11. City Tallahassee	12. State Florida	13. Zip Code 32301
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14. Signature of Chairman 	15. Name of Chairman (Print or Type) Jon Moyle
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**Campaign Treasurer's Acceptance of Appointment**

I, Deborah Leonard, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Our Kids First  
(Committee or Organization)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

4-16-18

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2010 APR 16 P 2: 22

### 1. Full Name of Committee

Our Kids First

Telephone

(850) 217-2783

Mailing Address (include city, state and zip code)

118 North Gadsden Street  
Tallahassee, Florida 32301

Street Address (include city, state and zip code)

118 North Gadsden Street  
Tallahassee, Florida 32301

### 2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

### 3. Area, Scope and Jurisdiction of the Committee

Countywide ballot issues

### 4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

Children's Issues

### 5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
Deborah Leonard	2615 Centennial Boulevard, Suite 200 Tallahassee, Florida 32308	Treasurer



**6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)**

Full Name	Mailing Address	Committee Title or Position
Jon Moyle	118 North Gadsden Street Tallahassee, Florida 32301	Chairman
Deborah Leonard	2615 Centennial Boulevard, Suite 200 Tallahassee, Florida 32308	Treasurer

**7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)**

Full Name	Mailing Address	Office Sought	Party
N/A			

**8. List Any Issues this Committee is Supporting:** Establishment of Children's Services Council

**List Any Issues this Committee is Opposing:** To Be Determined

**9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party**

N/A

**10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?**

Return to contributors or donate to an IRC Section 501(c) organization

**11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds**

Name of Bank or Depository & Account Number	Mailing Address
Capital City Bank	217 North Monroe Street Tallahassee, Florida 32301

**12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any**

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
Form 990	Annual	IRS	Ogden, UT

STATE OF FLORIDA LEON COUNTY

I, Jon Moyle, certify that the information in this Statement of

Organization is complete, true and correct.

X

Signature of Chairman of Political Committee

April 13, 2018  
Date

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

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LEON COUNTY, FLORIDA

2018 APR 16 P 2: 22

- ☒ Original Appointment ☐ Change of Appointment  
☐ Change of Mailing Address ☐ Change of Physical Address

**Registered Agent and Office Information**

Name  
Ronald G. Meyer, Esquire

Telephone  
(850) 878-5212

Street Address  
131 North Gadsden Street

City  
Tallahassee

State  
Florida

Zip Code  
32301

Mailing Address  
Post Office Box 1547

City  
Tallahassee

State  
Florida

Zip Code  
32302

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

  
Signature of Registered Agent

4-13-2018  
Date

**Former Registered Agent and Office Information (for changes only)**

Name

Telephone

Street Address

City

State

Zip Code

**Committee or Organization Information**

Name of Committee or Organization

Our Kids First

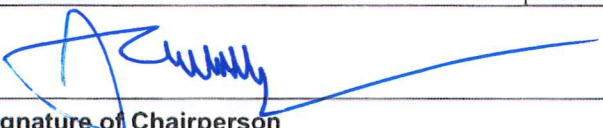
Street Address  
118 North Gadsden Street

Telephone  
(850) 217-2783

City  
Tallahassee

State  
Florida

Zip Code  
32301

  
Signature of Chairperson

Jon Moyle

Printed Name of Chairperson

April 13, 2018  
Date