

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

FEB 17 '26 PM 12:33

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

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)

William Aaron Menadier

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

PO Box 636
ALACHUA, FL 32616

4. Telephone:

(850) 974-0162

5. Candidate's Voter Registration #:

116168427

(not required for qualifying purposes)

6. Email Address:

BILL.MENADIER@GMAIL.COM

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

SEAT 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. _____ Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Tiffany Bukszar

12. Telephone:

(352) 855-2083

13. Email Address:

tbukszar@yahoo.com

14. Mailing Address:

1321 NE 575th Street

15. City:

Old Town

16. State:

FL

17. Zip Code:

32680

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:

15000 NW 140th St.

21. City:

Alachua

22. County:

Alachua

23. State:

FL

24. Zip Code:

32615

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:

2/17/26

26. Signature of Candidate:

X 

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

I, Tiffany Bukszar do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

02.17.2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, WILLIAM MENADIER,

candidate for the office of CITY COMMISSION SEAT 3;

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

X 
Signature of Candidate

2/17/26
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

NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

FEB 17 '26 14:23:34

Write-in candidate

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: BILL MENADIER

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 nonpartisan office of CITY COMMISSION (Office) _____ (District #)

SEAT 3 (Circuit #) _____ (Group or Seat #); I am a qualified elector of ALACHUA County, Florida

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 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 Bill Menadier (850) 974-0162 BILL.MENADIER@GMAIL.COM
Signature of Candidate Telephone Number Email Address

17579 NW 181st STREET AACHUA, FL 32615
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF Alachua

Tiffany Buzsar
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 17th day of February, 2026.

Personally Known OR Produced Identification

Type of Identification Produced: _____



TIFFANY BUKSZAR
Commission # HH 450769
Expires October 23, 2027

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):

BILL MEN-A-DEER

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
NA	NA
↓	↓

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is WILLIAM MENADIER. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is BILL MENADIER. 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: *William Menadier*

STATE OF FLORIDA
COUNTY OF Alachua

T. Bukzar
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 17th day of February, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: _____



TIFFANY BUKSZAR
Commission # HH 450769
Expires October 23, 2027

Jon M. Phillipson
Chair
Joseph Oglesby
Vice Chair
Paul D. Bain
Michael H. Hellman
Laird A. Lile
Jeremy M. Rodgers
Abbey L. Stewart
Linda Stewart



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, Florida 32317-5709

Kerrie J. Stillman
Executive Director

Steven J. Zuilkowski
*Deputy Executive Director/
General Counsel*

(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

325 John Knox Road
Building E, Suite 200
Tallahassee, Florida 32303

"A Public Office is a Public Trust"

FEB 17 '26 PM5:24

**VERIFICATION AND RECEIPT OF SUBMISSION
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: William A Menadier
Filer PID #: 299076

Date Filed: 2/17/2026
Disclosure Received: 2025 Statement of Financial Interests
Filing ID: 1057199

Receipt Print Date: 2/17/2026

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

AFFIDAVIT OF RESIDENCY

FEB 17 '26 PM2:35

I, William "Bill" Menadier, a candidate for the City of Alachua City Commission, Seat 3, in the election of 2026, do hereby swear or affirm that I am a citizen of the United States, and a registered voter in Alachua County, Florida residing at 17579 NW 181st STREET Alachua, Florida for at least six consecutive months, and I meet the eligibility requirements as identified in Sections 14.6 and 14.8 of the City Charter and Code of Ordinances.

I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT OF RESIDENCY AND THAT THE FACTS STATED IN IT ARE TRUE.

William Menadier

Signature

2/17/26

Date

**CITY OF ALACHUA
COUNTY OF ALACHUA
STATE OF FLORIDA**

Before Me, the undersigned authority, on this 17th day of February 2026, appeared William Menadier, in person, who is personally known by me or who has produced _____ as identification, and who did take an oath and who being first duly sworn on oath, deposes and says that this candidate has read the foregoing and that the statements and allegations contained herein are true and accurate.

Sworn To And Subscribed before me this 17th day of February, 2026



TIFFANY BUKSZAR
Commission # HH 450769
Expires October 23, 2027

(Seal)

Tiffany Buzszar
NOTARY PUBLIC, State of Florida