

Treasurer

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2016 NOV 22 A 11: 30

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying 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)

David T. Hawkins

3. Address (include post office box or street, city, state, zip code)

7680 Talley Ann Drive, Tallahassee FL, 32311

4. Telephone

(850) 294-9491

5. E-mail address

davidthawkins@comcast.net

6. Office sought (include district, circuit, group number)

Leon County Commissioner, At Large, Group 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

David T. Hawkins

11. Mailing Address

7680 Talley Ann Drive

12. Telephone

(850) 294-9491

13. City

Tallahassee

14. County

Leon

15. State

FL

16. Zip Code

32311

17. E-mail address

davidthawkins@comcast.net

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Sunshine Community Bank

20. Address

1400 E. Park Avenue

21. City

Tallahassee

22. County

Leon

23. State

FL

24. Zip Code

32301

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11-22-16

26. Signature of Candidate

X 

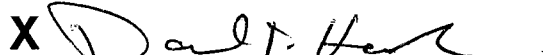
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, David T. Hawkins, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11-22-16

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

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I, David T. Hawkins ,
candidate for the office of Leon County Commissioner, At Large, Group 1 ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X David T. Hawkins
Signature of Candidate

11-22-16
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).