

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
TREASURER OF ELECTIONS
TALLAHASSEE, FLORIDA

125 AUG 29 P 3:20

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)

David T. Hawkins

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

7680 Talley Ann Dr.
Tallahassee, FL 32311

4. Telephone:

(850) 294-9491

5. Candidate's Voter Registration #:

105020603

(not required for qualifying purposes)

6. Email Address:

davidthawkins@comcast.net

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

Leon
County Commissioner, District 5

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:

David T. Hawkins

12. Telephone:

(850) 294-9491

13. Email Address:

davidthawkins@comcast.net

14. Mailing Address:

7680 Talley Ann Dr.

15. City:

Tallahassee

16. State:

Florida

17. Zip Code:

32311

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

Centennial Bank

20. Address:

3615 Apalachee Parkway

21. City:

Tallahassee

22. County:

Leon

23. State:

Florida

24. Zip Code:

32311

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: 8-29-2025

26. Signature of Candidate:

X David T. Hawkins

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

I, David T. Hawkins

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date: 8-29-2025

29. Signature of Campaign Treasurer or Deputy Treasurer

X David T. Hawkins

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 - DISTRICT 5 ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X David Hawkins

Signature of Candidate

8-29-2025

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).