

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
SUPERVISOR OF ELECTIONS
FLORIDA

2023 JUL 28 P 3:30

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)

Rocky HANNA

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

PO Box 13615

4. Telephone

(850) 508-0036

5. E-mail address

rocky@rockyhanna.org

Tallahassee, Florida

32317

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

Superintendent of Schools

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

11. Mailing Address

12. Telephone

()

13. City

14. County

15. State

16. Zip Code

17. E-mail address

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

7/28/23

26. Signature of Candidate

X Rocky Hanna

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

I, _____, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

X

Date

Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA
2022 DEC 29 A 8:48

**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 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) Rocky Hanna
3. Address (include post office box or street, city, state, zip code) Rocky Hanna for Superintendent

4. Telephone (850) 508-0036 5. E-mail address rockybrockyhanna.org
Tallahassee, Florida 32308

6. Office sought (include district, circuit, group number) Leon County Superintendent of Schools
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 Democratic Party candidate.

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

10. Name of Treasurer or Deputy Treasurer Laura Howard

11. Mailing Address 3115 Fieldstone Lane 12. Telephone (850) 422-1354

13. City Tallahassee 14. County Leon 15. State Fla 16. Zip Code 32308 17. E-mail address howielaura@comcast.net

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

19. Name of Bank Prime Meridian Bank 20. Address 1897 Capital Circle NE

21. City Tallahassee 22. County Leon 23. State Florida 24. Zip Code 32308

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 12/29/2022 26. Signature of Candidate X Rocky Hanna

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, Laura Howard, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
12-26-22 X Laura T. Howard
Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

2022 DEC 29 A 9 11

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

I, Rocky Hanna,

candidate for the office of Leon County Superintendent
of Schools;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Rocky Hanna
Signature of Candidate

12/29/2022
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).