

**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.

SUNSHINE STATE ELECTIONS
LEON COUNTY, FLORIDA
2019 DEC -4 PM 12:40

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 Dr. 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 District 5	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> 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 Dr.	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 The 1st		20. Address 1400 East Park Ave.	
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 12-4-19	26. Signature of Candidate X <i>David T. Hawkins</i>
---------------------	--

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.

<u>12-4-19</u> Date	X <i>David T. Hawkins</i> Signature of Campaign Treasurer or Deputy Treasurer
------------------------	---

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

LEON COUNTY ELECTIONS
LEON COUNTY, FLORIDA
2019 DEC -4 PM 12:40

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 
Signature of Candidate

12-4-19
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).