

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

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

(PLEASE PRINT OR TYPE)

REC'D APR 26 '24 AM 10:37
MARION COUNTY SOE

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)

Thomas J. Hotte

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

8708 SW 95TH LN UNIT D
OCALA FL 34481

4. Telephone:

(578) 496-5056

5. Candidate's Voter Registration #:

132325282
(not required for qualifying purposes)

6. Email Address:

HOTTEDISTRICT5@gmail.com

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

District 5 Board of County Commissioners

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. REPUBLICAN Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:

Thomas J. Hotte

12. Telephone:

(578) 496-5056

13. Email Address:

HOTTEDISTRICT5@gmail.com

14. Mailing Address:

8708 SW 95TH LN

15. City:

OCALA

16. State:

FL

17. Zip Code:

34481

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

19. Name of Bank:

Wells Fargo

20. Address: 1399 NE 25TH AVE
OCALA FL 34470

21. City:

OCALA

22. County:

MARION

23. State:

FL

24. Zip Code:

34470

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:

4/26/24

26. Signature of Candidate:

X 

27.

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

I,  do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

4/26/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X 