

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

DEC 06 2018

DUVAL COUNTY ELEC.  
By LS

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)

MIKE HOGAN

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

5007 EAGLE PT. DRIVE  
JACKSONVILLE, FL. 32244

**4. Telephone**

(904) 219-8924

**5. E-mail address**

rephogan3@hotmail.com

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

SUPERVISOR OF ELECTIONS

**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     REPUBLICAN Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

MIKE HOGAN

**11. Mailing Address**

SAME AS ABOVE

**12. Telephone**

(SAME AS ABOVE)

**13. City**

SAME

**14. County**

AS

**15. State**

ABOVE

**16. Zip Code**

**17. E-mail address**

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

**19. Name of Bank**

121 Financial Credit Union

**20. Address**

701 RIVERSIDE PARK PLACE

**21. City**

JACKSONVILLE

**22. County**

DUVAL

**23. State**

FLORIDA

**24. Zip Code**

32204

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**

12/6/2018

**26. Signature of Candidate**

X Mike Hogan

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

I, MIKE HOGAN, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

12/6/18

Date

X

Mike Hogan  
Signature of Campaign Treasurer or Deputy Treasurer