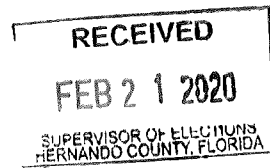


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(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)

Kevin Scott Hohn

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

6084 Summit View Dr.  
Brooksville, Fl. 34601

**4. Telephone**

(352) 442-2262

**5. E-mail address**

kevinhohn55@gmail.com

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

County Commissioner Dist 5

**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**

Randy Woodruff

**11. Mailing Address**

5471 Spring Hill Dr.

**12. Telephone**

(352) 585-3841

**13. City**

Spring Hill

**14. County**

Hernando

**15. State**

Fl.

**16. Zip Code**

34606

**17. E-mail address**

randy@suncodastcpa.com

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

**19. Name of Bank**

SunTrust

**20. Address**

Jefferson St

**21. City**

Brooksville

**22. County**

Hernando

**23. State**

Fl.

**24. Zip Code**

34601

**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**

2-19-20

**26. Signature of Candidate**

X

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

I, Randy Woodruff, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

2-19-20

Date

X   
Signature of Campaign Treasurer or Deputy Treasurer