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 Depository Party	
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
hauce Michelle Hawkins 4. Telephone 5. E-mail address	code) 10155 Hower Street 8
727)5700230 Kapehawins3@gnail.	1
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
School Board District 2	applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> 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 Ouce Hawkins	
11. Mailing Address 12. Telephone	
0155 Hoover Street 727 1560-0230	
13. City 14. County 15. Sta	te 16. Zip Code 17. E-mail address 34608 Haycehawkins 3 Egmail. Com
18. I have designated the following bank as my	
19. Name of Bank 20. Address	
brannen Bank	11875 Broad Street
21. City 22. County Hemando	23. State 24. Zip Code 34/00 /
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	26. Signature of Candidate
42523	X Xacke Hawken
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, Mayce Haukins (Please Print or Type Name)	, do hereby accept the appointment
designated above as:	Deputy Treasurer.
7/25/23 Date X	Signature of Campaign Treasurer or Deputy Treasurer