

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECD SOE MAY 20 '20 AM 8:34

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)

Leo James Haggerty

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

16219 FANTASIA DRIVE  
TAMPA, FL 33624

4. Telephone

(813) 787-6000

5. E-mail address

LEOJHAGGERTY@  
YAHOO.COM

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

HILLSBOROUGH COUNTY  
SCHOOL BOARD  
DISTRICT 3

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 ☐ \_\_\_\_\_ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

ARON S. ZION

11. Mailing Address

5617 MACALAN DRIVE

12. Telephone

(813) 748-2811

13. City

TAMPA

14. County

HILLSBOROUGH

15. State

FL

16. Zip Code

33625

17. E-mail address

ARON.ZION@GMAIL.COM

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

19. Name of Bank

MIDFLORIDA FEDERAL CREDIT UNION

20. Address

13101 North Dale Mabry Hwy

21. City

TAMPA

22. County

HILLSBOROUGH

23. State

FL

24. Zip Code

33618

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

5/12/2020

26. Signature of Candidate

X 

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

I, ARON S. ZION, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

5/14/2020

Date

X

Signature of Campaign Treasurer or Deputy Treasurer