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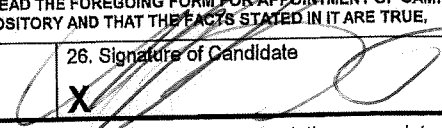
MANATEE COUNTY
SUPERVISOR OF ELECTIONS

**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): <input type="checkbox"/> Initial Filing of Form Re-filing to Change: <input checked="" type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party					
2. Name of Candidate (in this order: First, Middle, Last) Michael S Dennis			3. Address (Include post office box or street, city, state, zip code) 7056 HAWKS HARBOR CE Bradenton, FL 34207		
4. Telephone (941) 773-2225		5. E-mail address hawksharbor@gmail.com			
6. Office sought (include district, circuit, group number) Supervisor of Elections			7. If a candidate for a nonpartisan office, check if applicable: <input type="checkbox"/> 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 <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.					
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer Catherine A. Hawkins					
11. Mailing Address 3304 Pineapple Avenue Suite 106				12. Telephone (941) 1366-1040	
13. City Sarasota	14. County Sarasota	15. State FL	16. Zip Code 34236	17. E-mail address chawkins@piperhawkins.com	
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
19. Name of Bank Sabal Palm Bank		20. Address 5101 Fruitville Rd. Suite 100			
21. City Sarasota	22. County Sarasota	23. State FL	24. Zip Code 34232		
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 			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, <u>Catherine A. Hawkins</u> , do hereby accept the appointment (Please Print or Type Name) designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer. <u>12 May 2020</u> <u>Catherine A. Hawkins</u> Date Signature of Campaign Treasurer or Deputy Treasurer					