

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

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

(PLEASE PRINT OR TYPE)

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2024 JAN 19 PM 4:38

BRIAN E. ORLEY  
SUPERVISOR OF ELECTIONS  
DADE CITY, FLORIDA

NOTE: This form must be on file with the filing 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):  
(Please Print or Type Name)

Shawn Hayston

**3. Address** (include PO Box or Street, City, State, Zip Code):

**4. Telephone:**

**5. Candidate's Voter Registration #:**

**6. Email Address:**

11050366

ShawnHaystonPascoKids@gmail.com

(not required for qualifying purposes)

**7. Office Sought** (include district, circuit, group, or seat #):

Pasco School Board District 4

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

Write-In Candidate.    No Party Affiliation Candidate.    \_\_\_\_\_ Party candidate.

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

**11. Name of Treasurer or Deputy Treasurer:**

Jason Christman

**12. Telephone:**

**13. Email Address:**

me@jasonchristman.com

**14. Mailing Address:**

4641 Mitchell Rd

**15. City:**

LAND O LAKES

**16. State:**

FL

**17. Zip Code:**

34638

**18. I have designated the following bank as my** (check appropriate box):    Primary Depository    Secondary Depository

**19. Name of Bank:**

Fifth Third

**20. Address:**

2280 FL 54

**21. City:**

Lutz

**22. County:**

PASCO

**23. State:**

FL

**24. Zip Code:**

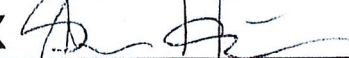
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UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date:**

1/19/24

**26. Signature of Candidate:**

X 

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

I, Jason Christman do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

1/19/24

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X 