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.

SUPERVISOR OF ELECTIONS
SARASOTA COUNTY FLORIDA

2021 FEB -5 AM 9: 11

FILED FOR RECORD
SARASOTA COUNTY

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):
[X] Initial Filing of Form   Re-filing to Change: [ ] Treasurer/Deputy [ ] Depository [ ] Office [ ] Party

2. Name of Candidate (in this order: First, Middle, Last)
Mark E Hawkins Sr

3. Address (include post office box or street, city, state, zip code)
5300 Carmitera Dr.
Sarasota Fl 34231

4. Telephone
(941) 6509499

5. E-mail address
Hwknsr@msn.com

6. Office sought (include district, circuit, group number)
BOCC Dist 4

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 [X] Rep. _____ Party candidate.

9. I have appointed the following person to act as my [X] Campaign Treasurer [ ] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Mark Hawkins

11. Mailing Address
5300 Carmitera Dr

12. Telephone
(941) 6509499

13. City
Sarasota

14. County
Sarasota

15. State
Fl

16. Zip Code
34231

17. E-mail address
Hwksnsr@msn.com

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

19. Name of Bank
SunTrust

20. Address
P.O. Box 305183

21. City
Nashville

22. County

23. State
TN

24. Zip Code
37230

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
2/5/2021

26. Signature of Candidate
X _____

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

I, Mark Hawkins
(Please Print or Type Name)
, do hereby accept the appointment

designated above as: [X] Campaign Treasurer [ ] Deputy Treasurer.

2/5/2021
Date

X _____
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.