

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY
RECEIVED
 OFFICE OF THE CITY CLERK
 DATE 8-26-2016

(1) James W. "Jim" Hathaway
 Name

(2) 58 Cunningham Dr.
 Address (number and street)

New Smyrna Beach FL 32168
 City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor of New Smyrna Beach

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 8/13/16 To 8/25/16 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 170.76

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 170.76

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1.000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1.000 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Paula K. Hathaway

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Paula K. Hathaway
 Signature

(Type name) JAMES W. HATHAWAY

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name James W. "Jim" Hartaway (2) I.D. Number _____

(3) Cover Period 8 / 13 / 16 through 8 / 25 / 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JAMES W. "JIM" HATTAWAY

(2) I.D. Number _____

(3) Cover Period 8/13/16 through 8/25/16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
8/15/16	TD BANK 1811 S.R. 44 New Smyrna Bch, FL 32168	PAPER STATEMENT FEE	CAN		1.00
1					
8/22/16	HATTAWAY, JIM 58 Cunningham Dr. New Smyrna Bch, FL 32168	Partial LOAN Repayment	CAN		169.76
2					
///					
///					
///					
///					
///					
///					

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

RECEIVED

OFFICE OF THE CITY CLERK

DATE 8-15-2016

OFFICE USE ONLY

JAMES W. "Jim" HATHAWAY

Name

MAYOR OF NSB

Office Sought

58 Cunningham Drive

Address

New Smyrna Beach, Fl. 32168

City

State

Zip Code

Candidate

Political Committee

Party Executive Committee

NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).

Check here if address has changed since last report.

Check here if PC has DISBANDED and will no longer file reports.

TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)

MONTHLY REPORT

PRIMARY ELECTION

GENERAL ELECTION

OTHER REPORT TYPE

Indicate report #

M _____

Indicate report #

P 6

Indicate report #

G _____

Indicate report type and # as applicable:

TERMINATION REPORT

SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

8-06-16 THROUGH 8-12-16

X James K. Hathaway

Signature

8-13-16

Date

X [Signature]

Signature

8-13-16

Date

REQUIRED SIGNATURES FOR:

Candidates:

Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:

Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Party Executive Committees:

Treasurer and Chairman (s. 106.29(2), F.S.)

Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

RECEIVED

OFFICE OF THE CITY CLERK

DATE 8-15-2016

OFFICE USE ONLY

JAMES W. "Jim" HATHAWAY

Name

Mayor of NSB

Office Sought

58 Cunningham Drive

Address

New Smyrna Bch Fl.

City

32168

State

Zip Code

Candidate

Political Committee

Party Executive Committee

NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).

Check here if address has changed since last report.

Check here if PC has DISBANDED and will no longer file reports.

TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)

MONTHLY REPORT

PRIMARY ELECTION

GENERAL ELECTION

OTHER REPORT TYPE

Indicate report #

M _____

Indicate report #

P 5

Indicate report #

G _____

Indicate report type and # as applicable:

TERMINATION REPORT

SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

7-30-16

THROUGH

8-05-16

X

James K. Hathaway

Signature

8-7-16

Date

X

[Signature]

Signature

8-7-16

Date

REQUIRED SIGNATURES FOR:

Candidates:

Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:

Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Party Executive Committees:

Treasurer and Chairman (s. 106.29(2), F.S.)

Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

RECEIVED

OFFICE OF THE CITY CLERK

DATE 8-4-2016

OFFICE USE ONLY

James W. "Jim" Hathaway

Name

Mayor of NSB

Office Sought

58 Cunningham Drive

Address

New Smyrna Beach, Fl.

City

32168

State

Zip Code

Candidate

Political Committee

Party Executive Committee

NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).

Check here if address has changed since last report.

Check here if PC has DISBANDED and will no longer file reports.

TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)

MONTHLY REPORT

PRIMARY ELECTION

GENERAL ELECTION

OTHER REPORT TYPE

Indicate report #

M _____

Indicate report #

P 4

Indicate report #

G _____

Indicate report type and # as applicable:

TERMINATION REPORT

SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

7-23-16

THROUGH

7-29-16

X

James K. Hathaway

Signature

8/3/16

Date

X

[Signature]

Signature

8-3-16

Date

REQUIRED SIGNATURES FOR:

Candidates:

Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:

Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Party Executive Committees:

Treasurer and Chairman (s. 106.29(2), F.S.)

Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JAMES W. "JIM" HATHAWAY
 Name

(2) 58 CUNNINGHAM DRIVE
 Address (number and street)

NEW SMYRNA BEACH, FL. 32168
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

OFFICE OF THE CITY CLERK

DATE 7-25-2016

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: MAYOR OF NSB
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 7109116 To 7122116 Report Type: P3

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0

Loans \$ _____, _____, 0

Total Monetary \$ _____, _____, 0

In-Kind \$ _____, _____, 0

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 1.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 1.00

(8) Other Distributions
 \$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date
 \$ _____, 1,000.00

(10) TOTAL Monetary Expenditures To Date
 \$ _____, 829.24

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) PAULA K. HATHAWAY

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Paula K. Hathaway
 Signature

(Type name) JAMES W. HATHAWAY

Candidate Chairperson (only for PC and PTY)

X
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name James W. "Jim" Hathaway (2) I.D. Number _____

(3) Cover Period 7109116 through 7122116 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JAMES W. "JIM" HATHAWAY

(2) I.D. Number _____

(3) Cover Period 7/09/16 through 7/22/16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
7/9/16	TD BANK 1811 SPITZBERG RD 44 New Smyrna Bch, FL 32068	PAPER STATEMENT FEE	CAN		1.00
1					
///					
///					
///					
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///					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JAMES W. "Jim" HATHAWAY
Name

(2) 58 Cunningham Dr.
Address (number and street)

New Smyrna Beach, FL 32168
City, State, Zip Code

OFFICE USE ONLY
RECEIVED

OFFICE OF THE CITY CLERK

DATE 7-11-2016

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: MAYOR of NSB
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 6/25/16 To 7/8/16 Report Type: P2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 600 . 00

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, 600 . 00

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 1,000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 828 . 24

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Paula K. Hathaway

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Paula K. Hathaway
Signature

(Type name) JAMES W. HATHAWAY

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JAMES W. "Jim" HATHAWAY (2) I.D. Number _____

(3) Cover Period 6/25/16 through 7/5/16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JAMES W. "Jim" HASTAWAY

(2) I.D. Number _____

(3) Cover Period 6/25/16 through 7/8/16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
7/2/16	HASTAWAY, Jim 58 Cunningham Dr. New Smyrna Bch, FL 32162	Partial LOAN Repayment	CAN		600. ⁰⁰
1					
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CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JAMES W. "JIM" HATHAWAY
Name

(2) 58 Cunningham Dr.
Address (number and street)

New Smyrna Beach, FL 32168
City, State, Zip Code

OFFICE USE ONLY

RECEIVED

OFFICE OF THE CITY CLERK

DATE 6-27-2016

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: MAYOR OF NSB

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 6/01/16 To 6/24/16 Report Type: P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 228.24

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 228.24

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1,000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 228.24

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) PAULA K. HATHAWAY

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Paula K. Hathaway
Signature

(Type name) JAMES W. HATHAWAY

Candidate Chairperson (only for PC and PTY)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name James W. "Jim" HATHAWAY

(2) I.D. Number _____

(3) Cover Period 6/01/16 through 6/24/16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
6/17/16	TD BANK 1811 STATE ROAD 44 New Smyrna Bch, Fl. 32168	CHECK PRINT charge	CAN		11.95
1					
6/20/16	CITY OF New Smyrna Bch 210 SAMS AVE. New Smyrna Bch, Fl. 32168	STATE ASSES. Qualifying fee	CAN		213.29
2					
6/21/16	County of Volusia 125 W. New York AVE DELAND, FL. 32720	Signature Verification fee	CAN		3. ⁰⁰
3					
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/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JAMES W. "JIM" HATHAWAY (2) I.D. Number _____

(3) Cover Period 6/01/16 through 6/24/16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
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CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JAMES W. "JIM" HATHAWAY
Name

(2) 58 Cunningham Dr.
Address (number and street)

New Smyrna Beach, FL 32168
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: MAYOR of NSB

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 5/01/16 To 5/31/16 Report Type: MS

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____, 000.00

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 0.00

Transfers to Office Account \$ _____

Total Monetary \$ _____, 0.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 000.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 0.00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) PAULA K. HATHAWAY

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Paula K Hathaway
Signature

(Type name) JAMES W. HATHAWAY

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

OFFICE USE ONLY
RECEIVED

OFFICE OF THE CITY CLERK

DATE 6-1-2016

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JAMES W. "JIM" HATHAWAY (2) I.D. Number _____

(3) Cover Period 5/01/16 through 5/31/16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
5/20/16	HATHAWAY, JAMES W. 58 CUMMINGS ROAD ALBANY, NY 12218	S	CANDIDATE	LOA			1,000.00
1							
1							
1							
1							
1							
1							
1							
1							
1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JAMES W. "SIM" HATHAWAY

(2) I.D. Number _____

(3) Cover Period 5/01/16 through 5/31/16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
///					
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///					
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///					

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

OFFICE OF THE CITY CLERK

DATE 5-20-2016

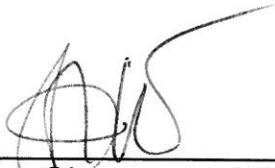
I, JAMES WEST HATHAWAY,

candidate for the office of MAYOR;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

5/19/16

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

RECEIVED

OFFICE OF THE CITY CLERK

DATE 5-20-2016

(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 Office Party

2. Name of Candidate (in this order: First, Middle, Last)

JAMES WEST HATHAWAY

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

58 Cunningham Dr.
New Smyrna Beach, FL
32168

4. Telephone

(386) 428 8511

5. E-mail address

jhathaway3@hotmail.com

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

MAYOR CITY of New Smyrna Beach

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

JAMES W. HATHAWAY

11. Mailing Address

58 Cunningham Drive

12. Telephone

(386) 428-8511

13. City

New Smyrna Beach

14. County

Volusia

15. State

FL

16. Zip Code

32168

17. E-mail address

jhathaway3@hotmail.com

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

19. Name of Bank

TD BANK

20. Address

1811 STATE ROAD 44

21. City

New Smyrna Beach

22. County

Volusia

23. State

FL

24. Zip Code

32168

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

5-19-16

26. Signature of Candidate

X 

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

I, JAMES WEST HATHAWAY, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/19/16

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

OFFICE OF THE CITY CLERK

DATE 5-20-2016

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)

JAMES WEST HATHAWAY

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

58 Cunningham Dr.
New Smyrna Beach FL 32168

4. Telephone

(386) 428 8511

5. E-mail address

jhathaway3@hotmail.com

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

MAYOR CITY OF NEW SMYRNA BEACH

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

PAULA K. HATHAWAY

11. Mailing Address

58 Cunningham Dr., New Smyrna Bch, FL 32168

12. Telephone

(386) 428-8511

13. City

New Smyrna Bch.

14. County

Volusia

15. State

FL.

16. Zip Code

32168

17. E-mail address

jhathaway3@hotmail.com

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

19. Name of Bank

TD BANK

20. Address

1811 STATE ROAD 44

21. City

New Smyrna Bch

22. County

Volusia

23. State

FLORIDA

24. Zip Code

32168

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

5-19-16

26. Signature of Candidate

X 

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

I, Paula K. Hathaway, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/19/16

Date

X

Paula K. Hathaway

Signature of Campaign Treasurer or Deputy Treasurer