

**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 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)

John Allocco

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

7033 Bahama Swallow Avenue
Weeki Wachee, FL. 34613

4. Telephone:
(352) 585-3055

5. Candidate's Voter Registration #:
(not required for qualifying purposes)

6. Email Address:
johnallocco75@gmail.com

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

County Commissioner District 3

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. Republican Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:
Shawn Woodruff

12. Telephone:
(352) 442-4202

13. Email Address:
shawnwoodruff@msn.com

14. Mailing Address:
4195 Neff Lake Road

15. City:
Brooksville

16. State:
FL.

17. Zip Code:
34601

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

19. Name of Bank:
Truist Bank

20. Address:
1 East Jefferson Street

21. City:
Brooksville

22. County:
Hernando

23. State:
FL.

24. Zip Code:
34601

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: 04/23/24

26. Signature of Candidate:

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

I, Shawn Woodruff do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 4-23-24

29. Signature of Campaign Treasurer or Deputy Treasurer