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



officer before opening the campaign account.			OFFICE USE ONLY									
1. CHECK APPROPRIATE BOX(ES):												
	Re-filing to Change	: 🔲 Tre	easurer/	Deputy	Deposito	ory 🗌	Office		Party			
2. Name of Candidate (in this order: First, Middle, Last)				3. Address (include post office box or street, city, state, zip								
AL NIENHUIS			code) P.O. BOX 10375									
4. Telephone 5. E-mail address			BROOKSVILLE, FL 34603-0375									
(352) 345-1404	352) 345-1404 sheriffnienhuis@gmail.com											
6. Office sought (include district, circuit, group number)				7. If a candidate for a <u>nonpartisan</u> office, check if								
SHERIFF			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 Republican Party candidate.												
9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer												
Shawn Woodruff												
11. Mailing Address				12. Telephone								
4195 Neff Lake Road				(352) 442-4202								
13. City	14. County	15. State	e 16	6. Zip Code 17. E-mail address								
Brooksville	rooksville Hernando F		34601 shawnwoodruff@msn.com									
18. I have designated the following bank as my												
19. Name of Bank			20. Addr									
Brannen Bank			1187 South Broad Street									
21. City				23. State			24. Zip Code					
Brooksville Hernando			Fl.				34601					
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				26. Signature of Candidate								
8/14/10			y all l									
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27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I,, do hereby accept the appointment								;				
(Please Print or Type Name)												
designated above as:		reasurer	$/\!\!/\!\!\!/$	Deputy Tre	asurer.		_					
8/16/19 X Thaww Woodrust												
/ Date		S	ignature	e of Campaid	ın Treasure	r or Degut	v Treasure)				