APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

SEP 0.3 2021
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SERVISOR OF ELECTIONS
SERVISOR COUNTY, FLORIDA

NOTE: This form must be on file with the qualifying officer before opening the campaign account.				OFFICE USE ONLY						
1. CHECK APPROPRIATE B Initial Filing of Form		Ţ [□]	reasurer/	Deputy [Depository		Office		Party	
2. Name of Candidate (in this order: First, Middle, Last) Shannon Lean Rodniguez 4. Telephone 5. E-mail address				3. Address (include post office box or street, city, state, zip code) 11355 Knuckey Rd.						
(352)279-0123 Shannon@dcaar.com				Weeki Wachee, FL 34614						
6. Office sought (include district, circuit, group number) School Board District Three				7. If a candidate for a <u>nonpartisan</u> 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 Pa		Party candidate.								
9. I have appointed the following person to act as my										
10. Name of Treasurer or Deputy Treasurer										
11. Mailing Address 13100 Little Farms Dr.				12. Telephone (352) 247-2269						
13. City Spring Hill		15. Sta	1	16. Zip Code 17. E-mail address 34609 david@futurefocused bookkeeping. Con						
18. I have designated the following bank as my Primary Depository Second						ondary	/ Deposito	ory		
19. Name of Bank Brannen Bank			20. Address 1187 South Broad St.							
21. City 22. County Hernando				23. State FL			24. Zip Code 3460 \			
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							
9/2/21				, 1 <i>0</i> 000	n Roch	iaue	n>			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I, David Hand II , do hereby accept the appointment (Please Print or Type Name)										
designated above as:										
9/2/2021		X	Dal u	NE						
Date			Signature	of Campaid	gn Treasurer or I	Deputy	Treasure	 er		