

**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 #:**

104366227

(not required for qualifying purposes)

**6. Email Address:**

johnallocco75@gmail.com

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

Hernando 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

**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:**

06/17/2024

**26. Signature of Candidate:**

X

**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:**

6/17/2024

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X