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

| opening the campaign account. | | | | OFFICE USE ONLY | | | |
|--|--|--------------------------|--|--|--------------------|-----------------------|--|
| 1. CHECK APPROPRIATE BOX(ES): | | | | | | | |
| | - | | | epository | | • | |
| Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name) | | | 3. Address (include PO Box or Street, City, State, Zip Code): | | | | |
| , , , | | | 23003 Lake Lindsey Road | | | | |
| John C. Emerson | | | | | | | |
| 4. Telephone: | 5. Candidate's Voter Registration #: 6. Email Address: | | | | | | |
| (352)584-0474 | 104451239 (not required for qualif | iomor502@tompohov rr com | | | | | |
| 7. Office Sought (include district, circuit, group, or seat #): | | | 8. If a candidate for a <u>nonpartisan</u> office, check the box | | | | |
| Hernando County Property Appraiser | | | | ☐ 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: | | ļ | 12. Telephone: | | 13. Email Address: | | |
| Shawn Woodruff | | | (352)442-4202 shawnwoodruff@msn.com | | | | |
| 14. Mailing Address: | | 15. Cit | • | 16. St | | 17. Zip Code: | |
| 4195 Neff Lake Road | | | rooksville | | da | 34601 | |
| 18. I have designated the following bank as my (check appropriate box): Primary Depository | | | | | | | |
| 19. Name of Bank: Truist | | | 20. Address: 1 East Jefferson Street | | | | |
| | | 22. Co | | | | | |
| Brooksville | | Hernando | | Florida | | 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. | | | | | | | |
| | | | 26. Signature of Candidate: | | | | |
| 25. Date: 01-02-2024 | | | X other | l P | Donn | 156 | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) | | | | | | | |
| Chaup Woodruff | | | | | | | |
| I, Shawn Woodruff (Please Print o | _do hereby accept the appointment designated above as: | | | | | | |
| | ☐ Deputy T | Deputy Treasurer. | | | | | |
| 28. Date: 01/02/2024 | | | 29. Signature of Campaign Treasurer of Deputy Treasurer | | | | |
| | * Anaw | No | 100d | ruf | | | |
| DS-DE 9 (Eff. 10/23) | | | | | (<i>/</i> F | Rule 1S-2.001, F.A.C. | |