

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**RECEIVED**

MAY 15 2020

SUPERVISOR OF ELECTIONS  
PASCO COUNTY, FLORIDA

3:01 pm

NOTE: This form must be on file with the qualifying 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)  
Shanon R. Holm

3. Address (include post office box or street, city, state, zip code)  
11017 Penny Gale Loop  
San Antonio, FL 33576

4. Telephone  
(727) 226-2054

5. E-mail address  
Shanonrholm@gmail.com

6. Office sought (include district, circuit, group number)  
Mosquito Control, Seat 3

7. If a candidate for a nonpartisan 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 Party Affiliation     \_\_\_\_\_ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer  
Shanon R. Holm

11. Mailing Address  
11017 Penny Gale Loop

12. Telephone  
(727) 226-2054

13. City  
San Antonio

14. County  
Pasco

15. State  
FL

16. Zip Code  
33576

17. E-mail address  
Shanonrholm@gmail.com

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank  
Regions Bank

20. Address  
1333 Bruce B. Downs Blvd

21. City  
Wesley Chapel

22. County  
Pasco

23. State  
FL

24. Zip Code  
33576

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  
Apr 15 - 15 - 2020

26. Signature of Candidate  
X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)  
I, Shanon R. Holm, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.  
Apr 15 - 15 - 2020    X [Signature]  
Date    Signature of Campaign Treasurer or Deputy Treasurer