APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	w)
	easurer/Deputy
2. Name of Candidate (in this order: First, Middle, Last)	Address (include post office box or street, city, state, zip
SHANNON J. WITTURE	code) 13353 SR. 54
4. Telephone 5. E-mail address	STE. 87
(727)470.0318 VOTESHANNONO DROTONW	WIL. COM ODES SA, FL 33556
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
COUNTY COMMISSIONER DISTRIC	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 Decrease Republicas Party candidate.	
or the composition of the compos	
10. Name of Treasurer or Deputy Treasurer SHANNON T. WITTURE	
11. Mailing Address ODESS A. 12. Telephone	
13553 SR. 54, STE. 87 33551 (727) 470.03.8	
13. City 14. County 15. State 16. Zip Code 17. E-mail address	
ODESSA PASCO PL 33556 VOTESHANNOND MA: L. COM	
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank 20. Address	
Mid FLORIDA	740) SR. 54
21. City 22. County	23. State 24. Zip Code
NEW PORT RICHEY PASCO	PL 34653
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
3.15.2022	X Sharma H. W.
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, SHANNON J. WITUER, do hereby accept the appointment (Please Print or Type Name)	
designated above as: Campaign Treasure	
3.15.2022 X	Manua J. Wa
Date	Signature of Campaign Treasuler or Deputy Treasurer