

**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 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)

Jim Shive

3. Address (include PO Box or Street, City, State, Zip Code):

37750 Southview Ave  
DADE City FL 33525

4. Telephone:

(813) 714-3977

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

shivejim@yahoo.com

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

City Commission Group (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.     \_\_\_\_\_ Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Jim Shive

12. Telephone:

( )

13. Email Address:

14. Mailing Address:

37750 Southview Ave

15. City:

Dade City

16. State:

FLA

17. Zip Code:

33525

18. I have designated the following bank as my (check appropriate box):  Primary Depository     Secondary Depository

19. Name of Bank:

SACFCU

20. Address:

38149 Spraket Way

21. City:

Dade City

22. County:

PASCO

23. State:

FLA

24. Zip Code:

33525

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:

1-25-24

26. Signature of Candidate:

X Jim Shive

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

Jim Shive

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

1-25-24

29. Signature of Campaign Treasurer or Deputy Treasurer

X Jim Shive