

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

JAN 25 REC'D

2024 12:55 aguy

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 Fla 33525*

4. Telephone:

(813) 714-3977

5. Candidate's Voter Registration #:
106500975
(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:

(813) 714-3977

13. Email Address:

shivejim@yahoo.com

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 do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer. Deputy Treasurer.

28. Date: *1-25-24*

29. Signature of Campaign Treasurer or Deputy Treasurer

X Jim Shive