

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

MAY 07 2019

CITRUS COUNTY  
ELECTIONS

**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)**

Scott Allen Adams

**3. Address (include post office box or street, city, state, zip code)**

9501 S Istachatta Road  
Floral City, FL 34436

**4. Telephone**

(352 ) 302-0700

**5. E-mail address**

adams4soe@gmail.com

**6. Office sought (include district, circuit, group number)**

Citrus County Supervisor of Elections

**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     Republican    \_\_\_\_\_ Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

Scott Allen Adams

**11. Mailing Address**

9501 S Istachatta Rd

**12. Telephone**

( 352 ) 228-1039

**13. City**

Floral City

**14. County**

Citrus

**15. State**

FL

**16. Zip Code**

34436

**17. E-mail address**

adams4soe@gmail.com

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

**19. Name of Bank**

Brannen Bank

**20. Address**

7478 S Florida Ave

**21. City**

Floral City

**22. County**

Citrus

**23. State**

FL

**24. Zip Code**

34436

**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**

5-7-19

**26. Signature of Candidate**

X

*Scott Allen Adams*

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

I, Scott Allen Adams, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

5-7-19  
Date

X *Scott Allen Adams*  
Signature of Campaign Treasurer or Deputy Treasurer

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Citrus County Supervisor of Elections

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Write-In     No Party Affiliation     Republican    \_\_\_\_\_ Party candidate.

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**10. Name of Treasurer or Deputy Treasurer**

Ngoc Adams

**11. Mailing Address**

9501 S Istachatta Rd

**12. Telephone**

( 352 ) 228-1039

**13. City**

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FL

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pama5237@gmail.com

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**25. Date**

5-7-19

**26. Signature of Candidate**



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

I, Ngoc Adams aka Pamela Adams, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

5-7-19  
Date

Ngoc Adams AKA Pamela Adams  
Signature of Campaign Treasurer or Deputy Treasurer