

**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)

Janice A. Warren

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

P.O. Box 873
Crystal River, FL 34423-0873

4. Telephone

(352) 257-3375

5. E-mail address

Sundance12@tampabay.rr.com

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

Citrus County Tax Collector

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

Marian M. Nosal

11. Mailing Address

5164 W. Rolling View Place

12. Telephone

(352) 212-3757

13. City

Lecanto

14. County

Citrus

15. State

FL

16. Zip Code

34461

17. E-mail address

Sundance12@tampabay.rr.com

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

19. Name of Bank

SunTrust Bank

20. Address

1502 SE US Hwy 19

21. City

Crystal River

22. County

Citrus

23. State

FL

24. Zip Code

34429

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 *Janice A. Warren*

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

I, Marian M. Nosal, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/7/19
Date

X *Marian Nosal*
Signature of Campaign Treasurer or Deputy Treasurer