

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

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

(PLEASE PRINT OR TYPE)

RECEIVED  
JUN 13 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)

Maggi Perr

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

323A E Kennedy St  
Inverness FL 34453

**4. Telephone**

(815) 762 1495

**5. E-mail address**

maggiperr@gmail

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

County Commissioner District 5

**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**

Maggi Perr

**11. Mailing Address**

323A E Kennedy St

**12. Telephone**

(815) 762 1495

**13. City**

Inverness

**14. County**

Citrus

**15. State**

FL

**16. Zip Code**

34453

**17. E-mail address**

maggiperr@gmail

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

**19. Name of Bank**

Branner Bank

**20. Address**

2519 N. Florida Ave

**21. City**

Hernando

**22. County**

Citrus

**23. State**

FL

**24. Zip Code**

34442

**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**

6/13/19

**26. Signature of Candidate**

X 

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

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

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/13/19  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer