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

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

(PLEASE PRINT OR TYPE)										ZT MOF					
NOTE: This form must be on file with the qualifying officer before opening the campaign account.										TZ RM TO: O	j Ž	OFFICE	USE	ONLY	
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: 7					urer/De	eputy		De _l	posito	-		Office		Party	
Name of Candidate (in this order: First, Middle, Last) Stephanie Ann Adams					3. Address (include post office box or street, city, state, zip code) 1126 E. Triple Crown Loop										
4. Telephone (352) 586-6189	5. E-mail address mrss.adams@gmail.com				Hernando, FL 34442										
6. Office sought (include of Mosquito Control Boar		7. If a candidate for a <u>nonpartisan</u> 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 ☐Party candidate.															
9. I have appointed the fo	llowing	person to act as	s my	X	Camp	paign Tre	eas	urer		D	eputy	Treasure	r		
10. Name of Treasurer or Deputy Treasurer Stephanie Ann Adams															
11. Mailing Address 1126 E Triple Crown Loop					12. Telephone (352) 586-6189										
13. City 14. County Hernando Citrus			15. Sta FL	ate	16. Z 3444	Zip Code 17. E-mail address 442 mrss.adams@g									
18. I have designated the following bank as my Primary Depository Secondary Depository															
19. Name of Bank Drummond Bank					20. Address 2455 N Citrus Hills Blvd										
21. City Hernando		22. County Citrus				23. Stat FL	te					24. Zip Co 34442	ode		
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 12 June 2020	26. S	26. Signature of Candidate **Teshani Arn Adamo													
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.															
12 June 2	T.	Signature of Campaign Treasurer or Deputy Treasurer													
oignature of Campaign Treasurer or Deputy Treasurer															