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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying



officer before opening the campaign account.					OFFICE USE ONLY						
1. CHECK APPROPRIATE BOX(ES):											
	Re-	filing to Change:	☐ Ti	easu	rer/D	eputy	Depository	<u>′</u> 🗆	Office	Party	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip						
Calvin L. Adams Jr					code) PO Box 2653						
4. Telephone	5. E-mail address				Crystal River, FL 34423-2653						
(352) 422-5530	calvinadamsforsheriff@hotmail.com										
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if applicable:						
Citrus County Sheriff					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											
									andidate.		
9. I have appointed the following person to act as my Campaign Treasurer 🔀 Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer Calvin L. Adams Jr											
11. Mailing Address 12. Telephone											
PO Box 2653 (352) 422-5530										2-5530	
13. City	14. County 15. Sta			ate	· [
Crystal River	Citrus FL		FL		34423-2653 calvinadamsforsheriff@hotmail.com					otmail.com	
18. I have designated the following bank as my Primary Depository											
					20. Address PO Box 11904						
21. City		22. County		23. State				24. Zip Code			
ampa Hillsborough					FL				33680		
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 2					26. Signature of Candidate						
01-06-23					x Chah.						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I. Calvin L. Adams Jr					, do hereby accept the appointment						
(Please Print or Type Name)											
designated above as:		Campaign Tre	asurer.		X	Deputy Tr	easurer.				
01-06-23 X C R Ch											
Date				Sign	Signature of Campaign Treasurer or Deputy Treasurer						