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):											
☐ Initial Filing of Form	Re	-filing to Change:	T	reasu	rer/D	eputy 🔀	Deposit	ory 🗌	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	l address			Crystal River, FL 34423-2653							
(352)422-5530	calvin@calvinadamsforsheriff.org										
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											
Write-In											
9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer Olga M. Adams											
11. Mailing Address 12. Telephone											
PO Box 2653 (352) 422-5530									-5530		
13. City Crystal River	14. County Citrus		15. State			3. Zip Code 17. E-mail address calvin@calvinadamsforsheriff.org					
18. I have designated the following bank as my Primary Depository Secondary Depository											
					20. Address 1502 SE US Highway 19						
21. City		22. County			23. Stat				24. Zip Code		
Crystal River		Citrus			FL				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 26						26. Signature of Candidate					
02-21-23					x CRah						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
ı, Olga M. Adams					, do hereby accept the appointment						
(Please Print or Type Name)											
designated above as: Campaign Treasurer. Deputy Treasurer.											
02-21-23 X Salloll											
Date				Sign	Signature of Campaign Treasurer or Deputy Treasurer						