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:	☐ Tr	easu	ırer/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					ode) P∩ R	ox 2653					
4. Telephone	5. E-mail address				Crystal River, FL 34423-2653						
(352)422-5530	calvin@	calvin@calvinadamsforsheriff.org									
6. Office sought (include district, circuit, group number)					7. If a candidate for a nonpartisan office, check if						
Citrus County Sheriff					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											
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) 423									<u>2) 422</u>	?-5530	
13. City	- 1	County	15. Sta	ate		Zip Code	17. E-mail a				
Crystal River	Citru		FL_			123-2653	calvin@ca				
18. I have designated the following bank as my											
19. Name of Bank					Addr		4.0				
					12 SE	US High	<i>w</i> ay 19		•		
21. City						23. State			24. Zip (34429	Code	
Crystal River	Crystal River Citrus				JFL				34425		
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.	Signa	ature of Can	didate	1			
02-21-23					x CRah						
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 Treasurer. Deputy Treasurer.											
02-21.	-23		X		(D al	- 1				
Date				Sign	Signature of Campaign Treasurer or Deputy Treasurer						