

**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 filing 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):  
(Please Print or Type Name)

Amber May Thomas

**3. Address** (include PO Box or Street, City, State, Zip Code):  
5580 S. Kline Terrace, Inverness, FL 34452

**4. Telephone:**

(352 ) 464-3177

**5. Candidate's Voter Registration #:**

(not required for qualifying purposes)

**6. Email Address:**

amber.thomas15@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

County Judge - Group 3

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

Write-In Candidate.    No Party Affiliation Candidate.    \_\_\_\_\_ Party candidate.

**10. I have appointed the following person to act as my:**

Campaign Treasurer

Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Amber Thomas

**12. Telephone:**

(352 ) 464-3177

**13. Email Address:**

amber.thomas15@gmail.com

**14. Mailing Address:**

5580 S. Kline Terrace

**15. City:**

Inverness

**16. State:**

FL

**17. Zip Code:**

34452

**18. I have designated the following bank as my** (check appropriate box):  Primary Depository    Secondary Depository

**19. Name of Bank:**

Brennan Bank

**20. Address:**

320 US Hwy 41

**21. City:**

Inverness

**22. County:**

Citrus

**23. State:**

FL

**24. Zip Code:**

34450

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date:** 4/26/2024

**26. Signature of Candidate:**

X *Amber Thomas*

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

I, Amber May Thomas

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** 4/26/2024

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X *Amber Thomas*