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.

PROTECTED

RECEIVED
APR 26 2024
CITRUS CTY ELECTIONS

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):

4. Telephone:

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:

13. Email Address:
amber.thomas15@gmail.com

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

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 do hereby accept the appointment designated above as:
(Please Print or Type Name)

☒ Campaign Treasurer. ☐ Deputy Treasurer.

28. Date: 4/26/2024

29. Signature of Campaign Treasurer or Deputy Treasurer
X Amber Thomas