

**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.

RECEIVED  
MAY 13 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)

Stephanie Ann Adams

**3. Address** (include PO Box or Street, City, State, Zip Code):

1126 E Triple Crown Loop  
Hernando, FL 34442

**4. Telephone:**

( 352 ) 586-6189

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

(not required for qualifying purposes)

**6. Email Address:**

mrss.adams@gmail.com

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

Mosquito Control Board - Seat 2

**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:**

Stephanie Ann Adams

**12. Telephone:**

( 352 ) 586-6189

**13. Email Address:**

mrss.adams@gmail.com

**14. Mailing Address:**

1126 E. Triple Crown Loop

**15. City:**

Hernando

**16. State:**

FL

**17. Zip Code:**

34442

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

**19. Name of Bank:**

Truist

**20. Address:**

2525 N Forest Ridge Blvd

**21. City:**

Hernando

**22. County:**

Citrus

**23. State:**

FL

**24. Zip Code:**

34442

**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:** 13 May 2024

**26. Signature of Candidate:**

X *Stephanie Adams*

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

I, Stephanie Ann Adams do hereby accept the appointment designated above as:  
(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:** 13 May 2024

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

X *Stephanie Adams*