

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

2023 APR 10 PM03:28

(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:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

LATRELL MARQUISE SIMMONS

**3. Address** (include post office box or street, city, state, zip code)

[REDACTED]

**4. Telephone**

[REDACTED]

**5. E-mail address**

VOTE.LATRELL.SIMMONS@gmail.com

**6. Office sought** (include district, circuit, group number)

ALACHUA COUNTY SHERIFF

**7. If a candidate for a nonpartisan office, check if 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     No Party Affiliation     DEMOCRATIC Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

LATRELL SIMMONS

**11. Mailing Address**

[REDACTED]

**12. Telephone**

[REDACTED]

**13. City**

[REDACTED]

**14. County**

[REDACTED]

**15. State**

[REDACTED]

**16. Zip Code**

[REDACTED]

**17. E-mail address**

VOTE.LATRELL.SIMMONS@gmail.com

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

WELLS FARGO BANK

**20. Address**

104 N. MAIN ST

**21. City**

GAINESVILLE

**22. County**

ALACHUA

**23. State**

FLORIDA

**24. Zip Code**

32601

**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**

4/7/2023

**26. Signature of Candidate**

X [Signature]

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

I, LATRELL SIMMONS, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

4/7/2023

Date

X

[Signature]  
Signature of Campaign Treasurer or Deputy Treasurer