

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED

JUN 16 2022

GADSDEN COUNTY SUPERVISOR OF ELECTIONS

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)

Leon Alexander

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

5257 Greensboro Hwy Quincy, FL 32351

4. Telephone

(850) 841-0612

5. E-mail address

leica.alexander21@gmail.com

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

County Commissioner District 4

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 Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Leon Alexander

11. Mailing Address

5257 Greensboro Hwy

12. Telephone

(850) 841-0612

13. City

Quincy

14. County

Gadsden

15. State

FL

16. Zip Code

32351

17. E-mail address

leicaalexander21@gmail.com

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

19. Name of Bank

Centennial Bank

20. Address

702 Pat Thomas Pkwy

21. City

Quincy

22. County

Gadsden

23. State

FL

24. Zip Code

32351

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

6/12/22

26.

X

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

I, Leon Alexander, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/12/22 Date

Signature of Campaign Treasurer or Deputy Treasurer

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WRITE-IN CANDIDATE**

**RECEIVED**

**JUN 16 2022**

**GADSDEN COUNTY  
SUPERVISOR OF ELECTIONS**

**OFFICE USE ONLY**

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Leon Alexander,  
(If your last name consists of two or more names but has no hyphen, check box  (see page 2 - Compound Last Names). No change can be made after the end of qualifying.)

am a write-in candidate for the office of County Commissioner District 4, 4, \_\_\_\_\_,  
(Office) (District #) (Circuit #)

\_\_\_\_\_ ; my legal residence is 5257 Greensboro Hwy, Quincy Gradsden County, Florida; I am a qualified elector  
(Group or Seat #)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

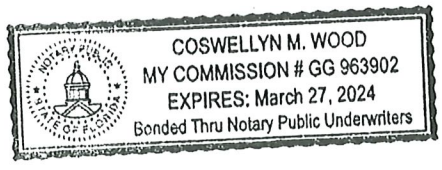
Candidate's Florida Voter Registration Number (located on your voter information card): 021628

**X** \_\_\_\_\_  
**S** Telephone Number: (850) 841-0612 Email Address: erica.alexander21@gmail.com  
Address: 5257 Greensboro Hwy City: Quincy State: FL ZIP Code: 32351

**STATE OF FLORIDA**  
**COUNTY OF** Gradsden

**Signature of Notary Public**  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence   
this 15th day of June, 2022.  
Personally Known  OR Produced Identification   
Type of Identification Produced: FLDL





**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

**RECEIVED**

JUN 16 2022

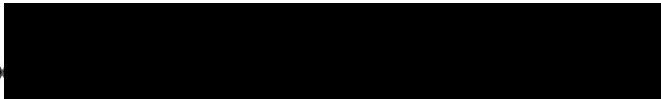
GADSDEN COUNTY  
SUPERVISOR OF ELECTIONS

I, Leon Alexander,

candidate for the office of County Commissioner, District 4

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X 

Signature of Candidate

6-12-22

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Alexander, Leon

MAILING ADDRESS:

5257 Greensboro Hwy

Quincy

CITY:

FL 32351

ZIP:

Gadsden

COUNTY:

NAME OF AGENCY:

County Commissioner, District 4

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED

JUN 16 2022

GADSDEN COUNTY SUPERVISOR OF ELECTIONS

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of June 12<sup>th</sup>, 20 22 was \$ 20,000.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ \_\_\_\_\_

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Vehicles (2) - Ford	\$15,000
TV, Appliances, Clothing, Furnishings	\$10,000
Rushmore Mortgage (House - 2 bed, 1 bath)	\$50,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Capital One (Salt Lake City, UT)	\$2,000
Rushmore Mortgage (Fresno, CA)	\$60,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY



**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2021 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME** (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
SSI	6601 Security Blvd. Baltimore, MD 21235	\$13,200

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	N/A		

**PART E -- INTERESTS IN SPECIFIED BUSINESSES** [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

**PART F - TRAINING**

\* This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Gradsden

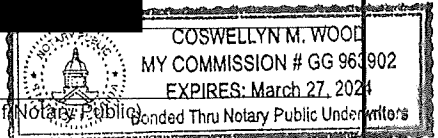
Sworn to (or affirmed) and subscribed before me by means of  
 physical presence or  online notarization, this 15th day of

June 2022 by Leon Alexander

(Signature of Notary Public/State of Florida)

Coswellyn M. Wood

(Print, Type, or Stamp Commissioned Name of Notary Public Bonded Thru Notary Public Underwriters)



Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FEDL

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

\_\_\_\_\_  
 Signature Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**