

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

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

(PLEASE PRINT OR TYPE)

RECEIVED  
20 DEC 2023 PMT:14

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)

Sharon Akins Langford

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

6550 SE 75th Ave  
Newberry, Florida 32669

**4. Telephone:**

(352 )213-2395

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

104268852

(not required for qualifying purposes)

**6. Email Address:**

sharonlangford2024@gmail.com

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

County Commission District 1

**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.     Republican Party candidate.

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

Campaign Treasurer

Deputy Treasurer

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

Sharon Akins Langford

**12. Telephone:**

(352 )213-2395

**13. Email Address:**

sharonlangford2024@gmail.com

**14. Mailing Address:**

6550 SE 75th Ave

**15. City:**

Newberry

**16. State:**

Florida

**17. Zip Code:**

32669

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

**19. Name of Bank:**

Ameris

**20. Address:**

530 E Wade St

**21. City:**

Trenton

**22. County:**

Gilchrist

**23. State:**

Florida

**24. Zip Code:**

32693

**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:** 12-20-23

**26. Signature of Candidate:**

**X** *Sharon Akins Langford*

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

I, Sharon Akins Langford

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** 12-20-23

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

**X** *Sharon Akins Langford*