


DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS

Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Ave. S.E. / Suite 1416 – West Tower / Atlanta, GA 30334

1	Date:	02/19/2022
2	Candidate Name:	Dr. Adrienne Simmons
	Address:	165 VILLA PLACE CT
	City, State Zip:	TUCKER, GA 30084
	Email:	electadriennesimmons@gmail.com
	Phone:	(404) 594-8814
3	Select Office Type:	State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/>
	Name of Office Sought or Held:	School Board Member
	District, Post, Ward, or Judicial Circuit*:	Gwinnett, 4
	<i>*Must include last name of incumbent Judge for Judicial races.</i>	
4	Next Election Year Office will be on the Ballot:	2022
Verification		
I, <u>Adrienne Simmons</u> , do hereby swear (or affirm) that the foregoing information is complete, true, and correct to the best of my knowledge and belief pursuant to O.C.G.A. §§ 21-5-1, et. seq.; and 16-10-20.		
Adrienne Simmons _____		

For Office Use Only	Filer ID if applicable:	
Approved By: _____	Date: _____	

RECEIVED

APR 07 2022

Electronically submitted to GGTCFC on 02/19/2022 09:48:08 AM

**GWINNETT COUNTY
ELECTIONS OFFICE**