

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

17 NOV 1 PM 3:56

**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)**

April Morris Griffin

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

12310 SW 9th Ave.  
Newberry, FL 32669

**4. Telephone**

(352) 262-3113

**5. E-mail address**

Kastagriffin@gmail.com

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

Alachua County School Board  
District 1

**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**

April M. Griffin

**11. Mailing Address**

12310 SW 9th Ave

**12. Telephone**

(352) 262-3113

**13. City**

Newberry

**14. County**

Alachua

**15. State**

FL

**16. Zip Code**

32669

**17. E-mail address**

Kastagriffin@gmail.com

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

**19. Name of Bank**

SunTrust

**20. Address**

5303 SW 9th Dr.

**21. City**

Gainesville

**22. County**

Alachua

**23. State**

FL

**24. Zip Code**

32608

**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**

11/1/17

**26. Signature of Candidate**

X 

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

I, April M. Griffin, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

11/1/17  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer