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

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

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

RECEIVED

SEP 24 2018

DUVAL COUNTY ELEC. By

Rule 1S-2.0001, F.A.C.

| NOTE: This form must be on file with the qualifying officer before opening the campaign account. | OFFICE USE ONLY |
|--|--|
| 1. CHECK APPROPRIATE BOX(ES): | |
| / | reasurer/Deputy Depository Office Party |
| 2. Name of Candidate (in this order: First, Middle, Last) | 3. Address (include post office box or street, city, state, zip |
| BRIAN GRIFFIN | Jacksonville, Florida 32257 |
| 4. Telephone 5. E-mail address | JACKSONVILE, FloRIDA 32257 |
| (904) 553-3060 | |
| Office sought (include district, circuit, group number) | 7. If a candidate for a <u>nonpartisan</u> office, check if |
| JACKSONVIllE MAYOR | 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 | |
| BRIAN BRIFFIN | |
| 11. Mailing Address | 12. Telephone |
| 3923 N. English Colony DR. (904)553-3060 | |
| 13. City 14. County 15. State 16. Zip Code 17. E-mail address Tacks+Nvi(E DUV-A) F1. 32257 Brian Criffin Y Tak Mayor of grail com | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | |
| 19. Name of Bank 20. Address | |
| Vystar | 11343 SANJOSE BLVD |
| 21. City 22. County DUVAL | 23. State 24. Zip Code 3 2 22 3 |
| 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 2 / 2 | 26. Signature of Candidate |
| 9/24/2018 | X 2 |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and charter the appropriate block) | |
| I, BRIAN ORIFFINI (Please Print or Type Name) | , do hereby accept the appointment |
| designated above as: Campaign Treasurer Deputy Treasurer. | |
| 9/24/2018 X B. | |
| | Signature of Campaign Treasurer or Deputy Treasurer |
| | S and the state of |