

I do not intend to receive or spend funds.

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED 2020 JUN -8 PM 1:09 HILLSBOROUGH 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): [X] Initial Filing of Form Re-filing to Change: [] Treasurer/Deputy [] Depository [] Office [] Party

2. Name of Candidate (in this order: First, Middle, Last) Michael J Griffin 3. Address (include post office box or street, city, state, zip code) 6519 Coopers Hawk Ct Lakewood Ranch, FL 34202

4. Telephone (941) 755-1876 5. E-mail address mgriffin45@aol.com

6. Office sought (include district, circuit, group number) CDD 4 District Supervisor - Seat 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 [X] Campaign Treasurer [] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

11. Mailing Address 12. Telephone ()

13. City 14. County 15. State 16. Zip Code 17. E-mail address

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

19. Name of Bank 20. Address

21. City 22. County 23. State 24. Zip Code

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 5-9-20 26. Signature of Candidate [X] Michael Griffin

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, _____, do hereby accept the appointment (Please Print or Type Name) designated above as: [X] Campaign Treasurer [] Deputy Treasurer. _____ Date [X] Signature of Campaign Treasurer or Deputy Treasurer