

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

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

(PLEASE PRINT OR TYPE)

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2026 APR 29 PM 12:22

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)

Alva Swafford Smith

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

3607 Donegal Dr.  
Tallahassee FL 32309

**4. Telephone:**

(850 ) 933-8864

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

105059894  
(not required for qualifying purposes)

**6. Email Address:**

alvasmithtally@yahoo.com

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

Leon County School Board, 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.     \_\_\_\_\_ Party candidate.

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

Campaign Treasurer

Deputy Treasurer

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

George Smith

**12. Telephone:**

(850 ) 294-2963

**13. Email Address:**

george@georgesmithlaw.com

**14. Mailing Address:**

3607 Donegal Drive

**15. City:**

Tallahassee

**16. State:**

FL

**17. Zip Code:**

32309

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

**19. Name of Bank:**

Synovus Bank

**20. Address:**

601 N. Monroe St.

**21. City:**

Tallahassee

**22. County:**

Leon

**23. State:**

FL

**24. Zip Code:**

32301

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:** 4.28.26

**26. Signature of Candidate:**

X 

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

I, George Smith do hereby accept the appointment designated above as:


(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** 4.28.26

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

X 

**STATEMENT OF CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

2026 APR 29 P 12:27  
RECEIVED  
DIVISION OF ELECTIONS  
LEON COUNTY, FLORIDA  
OFFICE USE ONLY

I, Alva Swafford Smith,  
candidate for the office of Leon County School Board;  
District 1  
have been provided access to read and understand the requirements of Chapter 106,  
Florida Statutes.

I swear or affirm that I meet, or will meet at the time of election for the office sought or at  
the time of assuming the office, as applicable, all statutory and constitutional  
qualifications for the office sought.



**Signature of Candidate**

4-29-26

**Date**

STATE OF FLORIDA

COUNTY OF Leon



**Signature of Officer Administering Oath**  
Affix Seal Below or, if judge, provide name, title, and  
court (s. 92.50, F.S.)

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence   
this 29<sup>th</sup> day of April, 2026.



Personally Known  OR Produced Identification  Type of Identification Produced: Florida DL

Each candidate must file a statement with the qualifying officer within 10 days after the  
Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful  
failure to file this form is a first degree misdemeanor and a civil violation of the Campaign  
Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida  
Statutes).