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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

RECEIVED

OCT 12 2021

DUVAL COUNTY ELEC.

officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Re-filing to Change: Treasurer/Deputy Depository Initial Filing of Form Party 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) 5. E-mail address

Amogriff, city council ognist. com 4. Telephone 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if City Council 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 NO cratic No Party Affiliation candidate. Write-In Party 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** Name of Treasurer or Deputy Treasurer 11. Mailing Address 12. Telephone 15. State 4. County 16. Zip Code 17. E-mail address 13_City 32218 **Primary Depository** Secondary Depository 18. I have designated the following bank as my 20. Address 19. Name of Bank 9245 21 City 22. County 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 26. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment (Please Print or Type Name) Campaign Treasurer designated above as: Deputy Treasurer 0-11-2021 Signature of Campaign Treasurer or Deputy Treasurer