

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

OCT 12 2021

DUVAL COUNTY ELEC.

By BB

**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)

Alton Bernard McGriff Jr.

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

1166 Silver King Rd  
Jacksonville, FL 32211

4. Telephone

(904) 322-1143

5. E-mail address

Amegriff.citycouncil@gmail.com

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

City Council  
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     Democratic Party candidate.

9. I have appointed the following person to act as my     Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Alton McGriff Jr.

11. Mailing Address

1166 Silver King Rd

12. Telephone

(904) 322-1143

13. City

Jacksonville

14. County

Duval

15. State

FL

16. Zip Code

32211

17. E-mail address

Amegriff.citycouncil@gmail.com

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

19. Name of Bank

Fifth 3rd Bank

20. Address

9245 Atlantic Blvd

21. City

Jacksonville

22. County

Duval

23. State

FL

24. Zip Code

32225

**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

10-12-21

26. Signature of Candidate

**X** Alton McGriff

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

I, Alton McGriff, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

10-12-21

Date

**X** Alton McGriff

Signature of Campaign Treasurer or Deputy Treasurer