

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

AUG 28 2024

DUVAL COUNTY ELEC.
by [Signature]

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)

REGINALD "REGGIE" BLOUNT

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

7893 STEAMBOAT SPRINGS DR
JACKSONVILLE, FL 32210

4. Telephone:

(910) 583-4294

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

blountrke@gmail.com

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

DUVAL COUNTY SCHOOL BOARD DISTRICT 5

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:

Shawniselynn Miller

12. Telephone:

(904) 553 0380

13. Email Address:

shawniselynnmiller@gmail.com

14. Mailing Address:

5791 University Club Blvd #712

15. City:

Jacksonville

16. State:

FL

17. Zip Code:

32277

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

19. Name of Bank:

W Star Credit Union

20. Address:

PO Box 45085

21. City:

Jacksonville

22. County:

DUVAL

23. State:

FL

24. Zip Code:

32202

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:

8/26/2024

26. Signature of Candidate:

X [Signature]

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

I, Shawniselynn Miller
(Please Print or Type Name)

do hereby accept the appointment designated above as:

☐ Campaign Treasurer.

☒ Deputy Treasurer.

28. Date:

8/26/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X [Signature]