

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

NOV 29 2017

DUVAL COUNTY ELEC.

By LS

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)

Victoria Renay Blackman

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

1817 Biscayne Bay Circle  
Jacksonville, Florida 32218

**4. Telephone**

(904) 930-3774

**5. E-mail address**

kairos32218@gmail.com

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

City Councilwoman Dist. 7

**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    ☒ Dem Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

Shermanda Ramsay

**11. Mailing Address**

P.O. Box 33156

**12. Telephone**

( )

**13. City**

Atlantic Beach

**14. County**

Duval

**15. State**

Florida

**16. Zip Code**

32233

**17. E-mail address**

**18. I have designated the following bank as my**

☒ Primary Depository

☐ Secondary Depository

**19. Name of Bank**

SunTrust

**20. Address**

770 Lane Ave So.

**21. City**

Jacksonville

**22. County**

Duval

**23. State**

Florida

**24. Zip Code**

32205

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**

November 30, 2017

**26. Signature of Candidate**

X Victoria R. Blackman

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

I, SHERMANDA RAMSAY, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☐

Deputy Treasurer.

NOVEMBER 29, 2017  
Date

X

Signature of Campaign Treasurer or Deputy Treasurer