## 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 officer before opening the campaign account.

1. CHECK APPROPRIATE BOX(ES):

## RECEIVED

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DUVAL COUNTY ELEC. By

OFFICE USE ONLY Office Party

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|--|--|--|--------------|---|--|--|------------------------------------|-------|--------------|--|
| 2. Name of Candidate (in this order: First, Middle, Last)  |  |  |              |   | Address (include post office box or street, city, state, zip |  |                                    |       |              |  |
| Lisa King  |  |  |              |   | code)<br>9158 Heckscher Drive                                |  |                                    |       |              |  |
| 4. Telephone   | 5. E-mail address  |  |              |   | Jacksonville, FL 32226                                       |  |                                    |       |              |  |
| (904 ) 910-6401  | susanlisaking@gmail.com  |  |              |   |  | To the second se |                                    |       |              |  |
| 6. Office sought (include district, circuit, group number)   |  |  |              |   | 7. If a candidate for a <u>nonpartisan</u> office, check if  |  |                                    |       |              |  |
|  |  |  |              |   | applicable:  |  |                                    |       |              |  |
| Jacksonville City Cound  | 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  |  |  |              |   |  |  |                                    |       |              |  |
| Linda King   |  |  |              |   |  |  |                                    |       |              |  |
| 11. Mailing Address 12. Telephone  |  |  |              |   |  |  |                                    |       | phone        |  |
| 1285 Mayfair Road  |  |  |              |   |  |  |                                    | (828) | ) 488-0493   |  |
|  |  |  | 15. State 16 |   |  | . Zip Code 17. E-mail address  |                                    |       |              |  |
| Jacksonville Duval FL  |  |  |              |   | 32207 king.linda.carol@gmail.com                             |  |                                    |       |              |  |
| 18. I have designated the following bank as my   |  |  |              |   |  |  |                                    |       |              |  |
| 19. Name of Bank 20. Address   |  |  |              |   |  |  |                                    |       |              |  |
| 200 2 10 10 10 10 10 10 10 10 10 10 10 10 10   |  |  |              |   |  | 36 Commerce Center Drive   |                                    |       |              |  |
| 21. City   |  | 22. County   |              |   |  | 23. State  |                                    |       | 24. Zip Code |  |
| Jacksonville   |  | Duval  |              |   |  | Florida  |                                    |       | 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 26. Signature of Candidate  |  |  |              |   |  |  |                                    |       |              |  |
| 1/7/19   |  |  |              |   | ( Tha Olm  |  |                                    |       |              |  |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)   |  |  |              |   |  |  |                                    |       |              |  |
| I,, do hereby accept the appointment   |  |  |              |   |  |  |                                    |       |              |  |
| (Please Print or Type Name)  |  |  |              |   |  |  |                                    |       |              |  |
| designated above as:   Campaign Treasurer Deputy Treasurer.  |  |  |              |   |  |  |                                    |       |              |  |
|  | _  | •  | V            | 1 | <i>_</i> .   | -n A   | 1.                                 |       |              |  |
| 1/7/19 X Olinda King   |  |  |              |   |  |  |                                    |       |              |  |
| Date Signature of Campaign Treasurer or Deputy Treasurer   |  |  |              |   |  |  |                                    |       |              |  |

Re-filing to Change: Treasurer/Deputy Depository