

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

JAN 07 2019

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)**

Lisa King

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

9158 Hecksher Dr.  
Jax, FL 32226

**4. Telephone**

(904) 910-6401

**5. E-mail address**

susanlisaking@gmail.com

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

Jacksonville City Council, At Large  
Group One

**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**

Lisa King

**11. Mailing Address**

9158 Hecksher Dr.

**12. Telephone**

(904) 910 6401

**13. City**

Jacksonville

**14. County**

Duval

**15. State**

FL

**16. Zip Code**

32226

**17. E-mail address**

susanlisaking@gmail.com

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

**19. Name of Bank**

Vystar

**20. Address**

686 Commerce Center Dr

**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**

1/7/19

**26. Signature of Candidate**

X Lisa King

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

I, Lisa King, do hereby accept the appointment  
(Please Print or Type Name)

Designated above as:  Campaign Treasurer  Deputy Treasurer.

1/7/19  
Date

X Lisa King  
Signature of Campaign Treasurer or Deputy Treasurer