

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

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

(PLEASE PRINT OR TYPE)

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CITY OF OCALA, FLORIDA  
CITY CLERK

**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)**

Tyler, James, Schlichter

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

3737 SE 3rd Ave, Ocala FL 34471

**4. Telephone**

(352 ) 361-7996

**5. E-mail address**

Ty@cfeocala.com

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

City Council - District 3

**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     \_\_\_\_\_ 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 Marie Schlichter

**11. Mailing Address**

3737 SE 3rd Ave

**12. Telephone**

( 352 ) 843-1014

**13. City**

Ocala

**14. County**

Marion

**15. State**

FL

**16. Zip Code**

34471

**17. E-mail address**

lisa.schlichter1@gmail.com

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

**19. Name of Bank**

Mainstreet Community Bank of Florida

**20. Address**

112 N Magnolia Ave

**21. City**

Ocala

**22. County**

Marion

**23. State**

FL

**24. Zip Code**

34475

**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**

4/26/21

**26. Signature of Candidate**

**X** 

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

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

designated above as:  Campaign Treasurer     Deputy Treasurer.

4/26/21

Date

**X** 

Signature of Campaign Treasurer or Deputy Treasurer