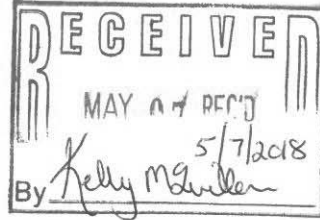


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)



(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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)
ELISABETH CUSTIS ["LISA"] MARTIN

3. Address (include post office box or street, city, state, zip code)
618 S PINE ST
NEW SMYRNA BEACH FL 32169-2947

4. Telephone
(386) 402-4042

5. E-mail address
LISAMARTINFORMAYOR@
gmail.com

6. Office sought (include district, circuit, group number)
MAYOR OF CITY OF NEW SMYRNA BEACH

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
ELISABETH C. ["LISA"] MARTIN

11. Mailing Address
618 S PINE ST

12. Telephone
(386) 402-4042

13. City
NEW SMYRNA BEACH

14. County
VOLUSIA

15. State
FL

16. Zip Code
32169-2947

17. E-mail address
LISAMARTINFORMAYOR@GMAIL.COM

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

19. Name of Bank
WELLS FARGO BANK

20. Address
1650 S ATLANTIC AVE

21. City
NEW SMYRNA BEACH

22. County
VOLUSIA

23. State
FL

24. Zip Code
32169

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
5/7/2018

26. Signature of Candidate
X *EC Martin*

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

I, ELISABETH C. MARTIN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/7/2018
Date

X *EC Martin*
Signature of Campaign Treasurer or Deputy Treasurer