

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

**MAY 26 2022**

**BY CITY CLERK**

*Ken*

**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 Martin

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

618 S. Pine Street  
New Smyrna Beach, FL 32169-2947

**4. Telephone**

(408 ) 205-6842

**5. E-mail address**

LisaMartin999@gmail.com

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

Zone 2 Commissioner

**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 Martin

**11. Mailing Address**

618 S. Pine Street

**12. Telephone**

(408 ) 205-6842

**13. City**

New Smyrna Beach

**14. County**

Volusia

**15. State**

FL

**16. Zip Code**

32169-2947

**17. E-mail address**

LisaMartin999@gmail.com

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

Primary Depository     Secondary Depository

**19. Name of Bank**

Wells Fargo

**20. Address**

1791 State Road 44

**21. City**

New Smyrna Beach

**22. County**

Volusia

**23. State**

FL

**24. Zip Code**

32168

**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**

5/26/2022

**26. Signature of Candidate**

X *Lisa Martin*

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

I, Lisa Martin, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer.

5/26/2022

Date

X *Lisa Martin*

Signature of Campaign Treasurer or Deputy Treasurer