

**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)

Sandra Koralis Golding

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

1203 18th Avenue North
Jacksonville Beach, FL 32250

4. Telephone

(904) 333-5101

5. E-mail address

votesandygolding@gmail.com

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

District 3, Seat 6
Jacksonville Beach City Council

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

Beth M. Lightsey

11. Mailing Address

612 11th Avenue North

12. Telephone

(904) 248-2254

13. City

Jacksonville Beach

14. County

Duval

15. State

FL

16. Zip Code

32250

17. E-mail address

beth.lightsey001@gmail.com

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

19. Name of Bank

Vystar Credit Union

20. Address

100 3rd Street North

21. City

Jacksonville Beach

22. County

Duval

23. State

FL

24. Zip Code

32250

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

12/20/2017

26. Signature of Candidate

X *Sandra K. Golding*

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

I, Beth M. Lightsey, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

12/14/2017

Date

X *[Signature]*

Signature of Campaign Treasurer or Deputy Treasurer



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):

[X] Initial Filing of Form Re-filing to Change: [] Treasurer/Deputy [] Depository [] Office [] Party

2. Name of Candidate (in this order: First, Middle, Last) Sandra Koralis Golding

3. Address (include post office box or street, city, state, zip code) 1203 18th Avenue North Jacksonville Beach, FL 32250

4. Telephone (904) 333-5101

5. E-mail address votesandygolding@gmail.com

6. Office sought (include district, circuit, group number) District 3, Seat 6 Jacksonville Beach City Council

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 [X] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer Sandra K. Golding

11. Mailing Address 1203 18th Avenue North

12. Telephone (904) 333-5101

13. City Jacksonville Beach

14. County Duval

15. State FL

16. Zip Code 32250

17. E-mail address skgolding@bellsouth.net

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

19. Name of Bank Vystar Credit Union

20. Address 100 3rd Street North

21. City Jacksonville Beach

22. County Duval

23. State FL

24. Zip Code 32250

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 12/20/2017

26. Signature of Candidate [X] Sandra K. Golding

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

I, Sandra K. Golding, do hereby accept the appointment (Please Print or Type Name)

designated above as: [] Campaign Treasurer [X] Deputy Treasurer.

12/20/2017 Date

[X] Sandra K. Golding Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY



I, Sandra Koralis Golding,

candidate for the office of Council person District 3, Seat 6;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Sandra K. Goldy
Signature of Candidate

12/20/2017
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).