

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

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

(PLEASE PRINT OR TYPE)

RECEIVED  
12-14-11 3:30pm  
KS 190

**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)  
Rebecca Leidy Lysengen

**3. Address** (include post office box or street, city, state, zip code)  
3730 NE 23 AVE  
Lighthouse Point, FL 33064

**4. Telephone**  
(954 ) 234-0200

**5. E-mail address**  
rlysengen@comcast.net

**6. Office sought** (include district, circuit, group number)  
LHP City Commission Seat 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**

**11. Mailing Address**

**12. Telephone**  
(    )

**13. City**

**14. County**

**15. State**

**16. Zip Code**

**17. E-mail address**

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

**19. Name of Bank**  
PayPal Inc

**20. Address**  
2211 N First ST

**21. City**  
San Jose

**22. County**

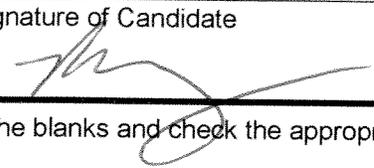
**23. State**  
CA

**24. Zip Code**  
95131

**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**  
12/13/11

**26. Signature of Candidate**

**X** 

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

I, \_\_\_\_\_, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

**X**

Date

Signature of Campaign Treasurer or Deputy Treasurer

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Rebecca "Becky" Lysengen  
Name

(2) 3730 NE 23 AVE  
Address (number and street)

Lighthouse Point, FL 33064  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): LHP City Commission Seat #3

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(3) ID Number: \_\_\_\_\_

**OFFICE USE ONLY**  
*Received 12/14/11  
by Kim Smith /  
Gainesville City Clerk*

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 01 / 11 To 12 / 09 / 11 Report Type G1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 100.00

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 91.00

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**  
\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
\$ 100.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 91.00

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Christine Sniezek  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** *Christine Sniezek*  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Rebecca Lysengen  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** *[Signature]*  
Signature



## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Rebecca "Becky" Lysengen

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 01 / 11 through 12 / 09 / 11

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
11 / 16 / 11	City of Lighthouse Point 2200 NE 38 ST Lighthouse Point, FL 33064	filing fee	MON		\$50.00
1					
11 / 16 / 11	City of Lighthouse Point 2200 NE 38 ST Lighthouse Point, FL 33064	qualifying fee	MON		\$18.00
2					
11 / 23 / 11	Harland Clarke 10931 Laureate DR San Antonio, TX 78249	check printing	MON		\$23.00
3					
/ /					
/ /					
/ /					
/ /					
/ /					

12/14/11 Ks/aw