

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

6495 CAROLINE ST., STE. 1
MELTON, FL 32570-4592

OFFICE USE ONLY

2010 MAY 5 AM 11 36

(PLEASE PRINT OR TYPE)

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

Joseph M Diamond

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

12760 chumuckla
Hwy Jay FL 32565

4. Telephone (optional)

(850) 675-2772

5. E-mail address (optional)

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

Blackwater Soil & water Sect 5

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 (If post office box or drawer, also include street address)

12. Telephone

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13. City

14. County

15. State

16. Zip Code

17. E-mail address (optional)

18. I have designated the following bank as my

Primary Depository

Secondary Depository

19. Name of Bank

20. Street Address

21. City

22. County

23. State

24. Zip Code

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

5-5-10

26. Signature of Candidate

X Joseph M Diamond

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