STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OFFICE USE ONLY 6495 CAROLINE ST., STE. F MILTON, FL 32570-4592

2010 APR 6 PM 3 27

1. CHECK APPROPRIATE BOX:	
	Treasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Mary Diane Coleman	code) 9507 Acorn Lane
4. Telephone (optional) 5. E-mail address (optional)	navarre, FL 32566
(850 A395538)	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
School Board Dirtrict 3	applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a partisan office, check block and fi	Il 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	le street address) 12. Telephone
5664 nicklaus lane	(850)623-9374
13. City 14. County 15. St MI ton Santa Rora FL	ate 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
Kegions	Caroline St
Milton Santa Rosa	23. State 24. Zip Code 32570
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 4/0/2010	26. Signature of Candidate
4/6/2010	XM Duare Coleman
1°	t (fill in the blanks and check the appropriate block)
. Janice Phillips	, do hereby accept the appointment
(Please Print or Type Name)	_
designated above as: Campaign Treasure	Deput Treasurer.
416110 X	ance thelleps
Date	Signature of Campaign Treasurer or Deputy Treasurer