OFFICE USE ONLY STATE OF FLORIDA **APPOINTMENT OF CAMPAIGN TREASURER** AND DESIGNATION OF CAMPAIGN 95 CAROLINE : . **DEPOSITORY FOR CANDIDATES** ILTON, FL 32570-4592 (Section 106.021(1), F.S.) 2010 FEB 16 AM 8 31 (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) 3. Address (include post office box or street, city, state, zip Diane L. Scott 5710 Munson Highway 4. Telephone (optional) 5. E-mail address (optional) Milton, FL 32570 (850) 983-0413 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if Santa Rosa County School Board District 1 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 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 Diane L. Scott

15. State

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.

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

FL

16. Zip Code 3257**2**

23. State

FL

26. Signature of Candidate

Deputy Treasurer.

Signature of Campaign Treasurer or Deputy Treasurer

Primary Depository

20. Street Address P.O. Box 841

12. Telephone

Secondary Depository

, do hereby accept the appointment

17. E-mail address (optional)

(850) 983-0413

24. Zip Code

32572

11. Mailing Address (If post office box or drawer, also include street address)

14. County

Santa Rosa

22. County

Santa Rosa

Diane L. Scott

(Please Print or Type Name)

Campaign Treasurer

DS-DE 9 (Rev. 11/09)

designated above as:

5710 Munson Highway

18. I have designated the following bank as my

Santa Rosa County Federal Credit Union

13. City

Milton

21. City Milton

25. Date

27.

19. Name of Bank

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

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

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY
SUPERVISEA TO TONS
6495 CARCLINE C. STE. F

MILTON, FL 32570-4592

2010 FEB 16 AM 8 30

| 1. CHECK APPROPRIATE BO | ox: | | | | <u></u> | | | | | | |
|--|------------|-----------|--------|---|------------------------------------|----------|--|--------|-------|-------|--|
| Original Appointment | Change in: | | Γreasι | urer/De | eputy [| Deposito | ory 🔲 | Office | | Party | |
| 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip | | | | | | | | | zip | | |
| Diane L. Scott | | | | code) | | | | | | | |
| 4. Telephone (optional) 5. E-mail address (optional) | | | | 5710 Munson Highway Milton, FL 32570 | | | | | | | |
| (850) 983-0413 | | | | | 1, 1 2 020 | 70 | | | | | |
| 6. Office sought (include district, circuit, group number) | | | | 7. If a candidate for a <u>nonpartisan</u> office, check if | | | | | | | |
| Santa Rosa County School Board District 1 | | | | applicable: | | | | | | | |
| My intent is to run as a Write-In candid | | | | | | | | | date. | | |
| 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 | | | | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer | | | | | | | | | | | |
| Douglas R. Scott | | | | | | | | | | | |
| 11. Mailing Address (If post office box or drawer, also include street address) 12. Telephone | | | | | | | | | | | |
| 5710 Munson Highway | | | | | | | <u>` </u> | 983-04 | 13_ | | |
| · · · · · · · · · · · · · · · · · · · | 14. County | 15. State | | 16. Zip Code 17. E-mail address (optional) | | | | | | | |
| Milton Santa Rosa FL | | | | 32570 | | | | | | | |
| 18. I have designated the following bank as my | | | | | | | | | | | |
| | | | | 0. Street Address | | | | | | | |
| Santa Rosa County Federal Credit Union P. | | | | O. Box 841 | | | | | | | |
| 21. City | 22. County | • | | 23. State | | | 24. Zip Code | | | | |
| Milton | Santa Rosa | | FL | | | | 32572 | | | | |
| 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 26 | | | | 6. Signature of Candidate | | | | | | | |
| 2/15/10 | | | | * Diene LNott | | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | | | |
| I, Douglas R. Scott | | | | | , do hereby accept the appointment | | | | | | |
| (Please Print or Type Name) | | | | | | | | | | | |
| designated above as: | | | | | | | | | | | |
| 2-15-10 X Dassfron | | | | | | | | | | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | — I | | | |

DS-DE 9 (Rev. 11/09)