APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS 6495 CAROLINE ST., STE. F MILTON, FL 32570-4592

7013 APR 30 AM 11 44

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

officer before opening the campaign account.			OFFICE USE ONLY						
1. CHECK APPROPRIATE BOX(ES):									
	Re-filing to Change	e:T	reasurer/Dep	uty 🗀	Depository		Office		Party
2. Name of Candidate (in t	3. Address (include post office box or street, city, state, zip								
Diane L. Scott	code) 5710 Munson Highway								
4. Telephone	5. E-mail address	-	Milton, FL 32570						
(850) 983-0413									
6. Office sought (include d	7. If a candidate for a <u>nonpartisan</u> office, check if								
District 1 Santa Rosa C	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 F	Party Affiliation					Pa	rty cand	lidate.	_
9. I have appointed the following person to act as my Lagrange Campaign Treasurer Deputy Treasurer									
10. Name of Treasurer or Deputy Treasurer									
Diane L. Scott									
11. Mailing Address			'	12. Telep	hone				
5710 Munson Highway (850) 983-0413							13		
13. City	14. County	tate 16. Zip Code 17. E-mail address							
Milton	Santa Rosa	32570							
18. I have designated the following bank as my Primary Depository Secondary Depository									
19. Name of Bank	20. Address								
SRC Federal Credit Union			5909 Stewart St. P.O. Box 841						
21. City	22. County			3. State			24. Zip C	ode	
Milton	Santa Rosa		FI	<u> </u>			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 26. Signature of Candidate									
4/30/12	x ///	X Mian LACOT							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
1,	, do hereby accept the appointment								
(Please Print or Type Name)									
designated above as: Campaign Treasurer Deputy Treasurer.									
4/30/13 X Wien X Sott									
Date			Signature of Campaign Treasurer or Deputy Treasurer						