

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2026 JUN -5 PM 1:01

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Diane Kim Lamb

3. Address (include PO Box or Street, City, State, Zip Code):

4640 Heritage Park Blvd
Tallahassee, FL 32311

4. Telephone:

(772) 332-3706

5. Candidate's Voter Registration #:

108108136

(not required for qualifying purposes)

6. Email Address:

reagndi@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

Piney 2 CDD Seat 3 Board of Supervisors

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

I do not intend to raise/solicit funds ()

12. Telephone:

13. Email Address:

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

20. Address:

21. City:

22. County:

23. State:

24. Zip Code:

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: 6/5/2026

26. Signature of Candidate:

X *Diane K. Lamb*

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

I, _____ do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

29. Signature of Campaign Treasurer or Deputy Treasurer

X

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

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I, Diane K. Lamb,

candidate for the office of Piney 2 CDD Sect 3 Board of Supervisors,
have been provided access to read and understand the requirements of Chapter 106,
Florida Statutes.

I swear or affirm that I meet, or will meet at the time of election for the office sought or at
the time of assuming the office, as applicable, all statutory and constitutional
qualifications for the office sought.

Diane K. Lamb
Signature of Candidate

6/5/2026
Date

STATE OF FLORIDA
COUNTY OF Leon

[Signature]
Signature of Officer Administering Oath
Affix Seal Below or, if judge, provide name, title, and
court (s. 92.50, F.S.)

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 5th day of June, 2026.



Personally Known OR Produced Identification Type of Identification Produced: FL DL

Each candidate must file a statement with the qualifying officer within 10 days after the
Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful
failure to file this form is a first degree misdemeanor and a civil violation of the Campaign
Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida
Statutes).