

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2025 JUL -1 PM 12:35

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)

Dianne Williams-Cox

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

1563 Capital Circle SE #157  
Tallahassee, Florida 32301

**4. Telephone:**

(850 ) 556-0627

**5. Candidate's Voter Registration #:**

105033640

(not required for qualifying purposes)

**6. Email Address:**

dianneforcitycommission5@gmail.com

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

Tallahassee City Commission Seat 5

**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:**

Dianne Williams-Cox

**12. Telephone:**

(850 ) 556-0627

**13. Email Address:**

dianneforcitycommission5@gmail.com

**14. Mailing Address:**

1563 Capital Circle SE #157

**15. City:**

Tallahassee

**16. State:**

Florida

**17. Zip Code:**

32301

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

**19. Name of Bank:**

First Commerce Credit Union

**20. Address:**

1741 Old Saint Augustine Rd

**21. City:**

Tallahassee

**22. County:**

Leon

**23. State:**

Florida

**24. Zip Code:**

32301

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:** July 1, 2025

**26. Signature of Candidate:**

X *Dianne Williams-Cox*

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

I, Dianne Williams-Cox

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☐ Campaign Treasurer.

☒ Deputy Treasurer.

**28. Date:** July 1, 2025

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X *Dianne Williams-Cox*

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2025 JUL -1 PM 12: 35

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)

Dianne Williams-Cox

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

1563 Capital Circle SE #157  
Tallahassee, Florida 32301

**4. Telephone:**

(850 ) 556-0627

**5. Candidate's Voter Registration #:**

105033640

(not required for qualifying purposes)

**6. Email Address:**

dianneforcitycommission5@gmail.com

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

Tallahassee City Commission Seat 5

**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:**

Remera Haynes

**12. Telephone:**

(850 ) 322-4042

**13. Email Address:**

Auryeon@gmail.com

**14. Mailing Address:**

360 Remington Run Way

**15. City:**

Tallahassee

**16. State:**

Florida

**17. Zip Code:**

32312

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

**19. Name of Bank:**

First Commerce Credit Union

**20. Address:**

1741 Old Saint Augustine Rd

**21. City:**

Tallahassee

**22. County:**

Leon

**23. State:**

Florida

**24. Zip Code:**

32301

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:** July 1, 2025

**26. Signature of Candidate:**

X 

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

I, Remera Haynes

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:** July 1, 2025

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X 

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

SUPERVISOR'S OFFICE  
LEON COUNTY, FLORIDA

2025 JUL -1 PM 12:36

I, Dianne Williams-Cox,  
candidate for the office of Tallahassee City Commission Seat 5;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

*Dianne Williams-Cox*

Signature of Candidate

07/01/2025

Date

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).