APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

SUPER WISOR OF THE LIGHTS LEON COUNTY, FEGR DA

2025 JUL - 1 PM 12: 35

OFFICE USE ONLY

OFFICE ORE ONE							
1. CHECK APPROPRIATE BOX(ES):							
		rer/Deputy] Deposi	itory \Box	Office Party		
2. Name of Candidate (in this order: First, Middle, Las	st):	3. Address (in	clude PO	Box or Stree	et, City, State, Zip Code):		
(Please Print or Type Name)		1563 Capital	Circle 9	SE #157			
Dianne Williams-Cox		Tallahassee,	Florida	a 32301			
	5. Candidate's Voter Registration #: 6. Email Address:						
(850) 556-0627 105033640		diann	eforcit	tycommi	ssion5@gmail.com		
7. Office Sought (include district, circuit, group, or seaf		/					
		if applicab		or a <u>nonparti</u>	isan office, check the box		
Tallahassee City Commission	Seat			a Write-In C	andidate.		
9. If a candidate for <u>partisan</u> office, check the box a	nd fill in f	the name of the	party as	applicable:	I intend to run as a		
☐ Write-In Candidate. ☐ No Party Affiliation Candid	tate 🖂				Party candidate.		
					ranty candidate.		
10. I have appointed the following person to act as	my:	Campaign Trea	asurer	■ De	eputy Treasurer		
11. Name of Treasurer or Deputy Treasurer:		12. Telephone		13. Email Address:			
Dianne Williams-Cox	s-Cox		(850) 556-0627		dianneforcitycommission5@gmail.com		
14. Mailing Address:	15. Cit	y:	16.	. State:	17. Zip Code:		
1563 Capital Circle SE #157		Tallahassee		orida	32301		
18. I have designated the following bank as my (ch	neck appro	opriate box):	Primary [Depository [Secondary Depository		
19. Name of Bank:		20. Address:					
First Commerce Credit Union		1741 Old Sa	-		t		
21. City:		22. County:		. State:	24. Zip Code:		
Tallahassee		Leon		orida	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.							
		26. Signature			10		
25. Date: July 1, 2025		VALLE	e. Section of	1,1,00	Min / LA		
A Taple meesing scrip							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)							
Discount of the second							
Jianne Williams-Coxdo hereby accept the appointment designated above as:				esignated above as:			
(Please Print or Type Name)							
☐ Campaign Treasurer	-	Depu	uty Treas	surer.			
July 1 2025		29. Signature	of Camp	paigņ Treası	urer or Deputy Treasurer		
28. Date: July 1, 2025		Y MIA		1,1,1	Dandellan		
P0 P5 4 (7)		1990	nre	mil	CAMPOUN		
DS-DE 9 (Rev. 09/23)					Dula 19.2 0001 E A C		

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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before

SUPERVISOR OF ELECTRICAL LEON COUNTY, FLOR DA

2025 JUL - 1 PM 12: 35

opening the campaign account. OFFICE USE ONL					OFFICE USE ONLY			
1. CHECK APPROPRIATE BOX(ES):								
■ Initial Filing of Form □ Re-filing to Change: □ Treasure 2. Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name) Dianne Williams-Cox		rer/Deputy Depository Defice Party 3. Address (include PO Box or Street, City, State, Zip Code): 1563 Capital Circle SE #157 Tallahassee, Florida 32301						
4 Talanhana	50-11-11-11							
4. Telephone: (850) 556-0627	5. Candidate's Voter Registrat 105033640 (not required for qualifying purpose		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 follow		my:	-0.	aign Treasure	er		/ Treasurer	
11. Name of Treasurer or Dep	uty Treasurer:		12. Telephone:			13. Email Address:		
Remera Haynes		(850) 322-4042			Auryeon@gmail.com			
14. Mailing Address: 360 Remington Run Way		15. City: Tallahassee		е	16. State: Florida		17. Zip Code: 32312	
18. I have designated the following	owing bank as my (ch	eck appro		1.1111	ary Dep	ository 🗌 S	econdary Depository	
19. Name of Bank:20. Address:First Commerce Credit Union1741 Old Saint Augustine Rd								
		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 Welline Hellson						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
I, Remera Haynesdo hereby accept the appointment designated above as:								
■ Campaign Treasurer. □ Deputy Treasurer.								
28. Date: ^{July 1} , 2025		29. Signature of Campaign Treasurer or Deputy Treasurer						
DS-DE 9 (Rev. 09/23)						Ru	le 45-2.0001, F.A.C.	

STATEMENT OF **CANDIDATE**

(Section 106.023, F.S.)

OFFICE USE ONLY LEON COUNTY, FEERIZA 2025 JUL - 1 PM 12: 36

(Please print or type)

١,	Dianne	Williams-Cox

candidate for the office of <u>Tallahassee City Commission Seat 5</u>; have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

ranne Willwersley 0 Signature of Candidate

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).