



CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

Candidate Name	DIANE LORAYNE CHAMPION		
Residence Address	403 HARRY AVE N		
City and Zip Code	LEHIGH ACRES 33971		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	239-770-2856		
Campaign Email Address	DIA402@msn.com		
Campaign Website			
Office Sought	MEMORIAL LEE HEALTH SYSTEM BOB		
Area, District, Group or Seat #	#4		
<p>➔ Judicial, School Board, Supervisor of Elections, and Special District Offices such as Community Development, Fire, Health System, Library and Mosquito Control are non-partisan offices. A candidate for any of these offices, must indicate "non-partisan" on the line below.</p> <p>➔ A candidate for a Constitutional Office or County Commission may file partisan or "No Party Affiliation" (NPA) and shall indicate a political party affiliation or "No Party Affiliation" on the line below.</p>			
➔ Political Party for Office Sought	NON PARTISON		
Date of Birth or Voter Registration ID #	10-24-42		
Date	1/31/18		
Candidate Signature	Diane Champion		

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website www.lee.vote or visit the following link: <http://www.lee.vote/campaigns/candidate-packets/> and <http://www.lee.vote/campaigns/candidate-finance-reports/>. Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. Do not hesitate to contact this office at (239) LEE-VOTE (239-533-8683) for more information about becoming a candidate for public office.

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 qualifying 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)

DIANE LORAYNE CHAMPION

3. Address (include post office box or street, city, state, zip code)

403 HARRY AVE N
LEHIGH ACRES, FLORIDA
33971

4. Telephone

(239) 770-2856

5. E-mail address

DIA402@MSN.COM

6. Office sought (include district, circuit, group number)

LEE MEMORIAL HEALTH SYSTEM #4

7. If a candidate for a nonpartisan office, check if 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 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. CHAMPION

11. Mailing Address

403 HARRY AVE N

12. Telephone

(239) 770 2856

13. City

LEHIGH ACRES

14. County

LEE

15. State

FL

16. Zip Code

33971

17. E-mail address

DIA402@MSN.COM

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

BB+T

20. Address

1190 HOMESTEAD RD N

21. City

LEHIGH ACRES

22. County

LEE

23. State

FL

24. Zip Code

33976

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

1/31/18

26. Signature of Candidate

Diane L. Champion

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

I, DIANE L. CHAMPION, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/31/18
Date

Diane L. Champion
Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

I, Diane Champion ,

candidate for the office of LMHS board of director district #4 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X *Diane L. Champion*
Signature of Candidate

1/31/18
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).

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