

CANDIDATE FACT SHEET

THE COMPLETION OF THIS SHEET WILL FACILITATE THE OPENING OF YOUR CAMPAIGN ACCOUNT BY OUR OFFICE

(PLEASE PRINT)

<u>NAME AS YOU WANT IT TO APPEAR ON THE BALLOT</u>		
A. WALDO FARABEE		
RESIDENCE ADDRESS: 2150 SOUTH ST	MAILING ADDRESS: N/A	
CITY/ZIP CODE: FORT MYERS FL 33901	CITY/ZIPCODE: N/A	
TELEPHONE #: HOME: 332-4568	TELEPHONE #: WORK: N/A	TELEPHONE #: DAYTIME: 332-4568
OFFICE SOUGHT <u>AND</u> DISTRICT IF APPLICABLE: LEE MEMORIAL HOSPITAL BOARD DIST 5		PARTY (BELOW) NP
DATE: 5-22-00	DATE OF BIRTH OR VOTER ID #: 83 -006065	CANDIDATE SIGNATURE: A. Waldo Farabee

THIS FORM IS FOR USE ONLY IN LEE COUNTY AND IS SOE APPROVED

**IF YOU ARE QUALIFYING BY MAIL
BE SURE TO INCLUDE THIS SHEET WITH YOUR
QUALIFYING PAPERWORK**

PHILINDAA. YOUNG
Supervisor of Elections
P O BOX 2545
Fort Myers FL **33902-2545**
Telephone (339-6300)

MAY 22 3 24 PM '00

SIGNED BY
EJ

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STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
Section 106.021(1) FS

CHECK APPROPRIATE BOX

ORIGINAL APPOINTMENT DEPUTY TREASURER REAPPOINTMENT OF TREASURER SECONDARY DEPOSITORY

PLEASE TYPE OR PRINT

Name of Candidate (AS YOU WANT IT TO APPEAR ON BALLOT) A. WALDO FARABEE		Address (include P O Box, street, city, state, zip code) 2150 SOUTH ST FM 33901	
Telephone (Daytime) 332-4568	Party (Partisan Candidates Only) NP	Office Sought (include district, circuit or group number) LEE MEMORIAL HOSP. BD DIST 5	

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

Name of Treasurer or Deputy Treasurer
ROBERT G. RICHARDSON

Mailing Address (if P O Box or drawer add street address)
P.O. Box 1020

City: FORT MYERS County: LEE State: FL Zip Code: 33902

I have designated the following named bank as my Primary Depository Secondary Depository

Name of Bank: FIFTH-THIRD BANK Street Address: MCGREGOR BLVD

City: FORT MYERS County: LEE State: FL Zip Code: 33901

I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS

Signature of Candidate: X A. Waldo Farabee Date Signed: 5-22-00 Voter ID# or D. O. B.: #83-006065

CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, ROBERT G. RICHARDSON, do hereby accept the appointment as

Campaign Treasurer Deputy Treasurer for the campaign of A. WALDO FARABEE

who is seeking nomination or election as a NP candidate to the office of

LEE MEMORIAL HOSP BA DIST 5 As a duly registered voter in _____ County,

Florida, I am qualified to accept this appointment.

X Robert G. Richardson
Signature of Campaign Treasurer or Deputy Treasurer

5/22/00
Date Signed

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STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
Section 106.021(1) FS

CHECK APPROPRIATE BOX

ORIGINAL APPOINTMENT DEPUTY TREASURER REAPPOINTMENT OF TREASURER SECONDARY DEPOSITORY

PLEASE TYPE OR PRINT

Name of Candidate (AS YOU WANT IT TO APPEAR ON BALLOT) <u>A. WALDO FARABEE</u>		Address (include P O Box, street, city, state, zip code) <u>2150 SOUTH ST FM01</u>	
Telephone (Daytime) <u>332-4568</u>	Party (Partisan Candidates Only) <u>NP</u>	Office Sought (include district, circuit or group number) <u>LEE MEMORIAL HOSP BD DIST 5</u>	
I have appointed the following person to act as my		<input type="checkbox"/> Campaign Treasurer	<input checked="" type="checkbox"/> Deputy Treasurer
Name of Treasurer or Deputy Treasurer <u>SAME AS ABOVE</u>			
Mailing Address (if P O Box or drawer add street address)		Telephone (Daytime)	
City	County	State	Zip Code
I have designated the following named bank as my		<input checked="" type="checkbox"/> Primary Depository	<input type="checkbox"/> Secondary Depository
Name of Bank <u>FIFTH-THIRD BANK</u>		Street Address <u>MC GREGOR</u>	
City <u>FORT MYERS</u>	County <u>LEE</u>	State <u>FL</u>	Zip Code <u>33901</u>
I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS			
Signature of Candidate <u>X A. Waldo Farabee</u>		Date Signed <u>5-22-00</u>	Voter ID# or D. O. B. <u># 83-006065</u>
CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT			
I, <u>A. WALDO FARABEE</u> , do hereby accept the appointment as (Print or Type)			
<input type="checkbox"/> Campaign Treasurer		<input checked="" type="checkbox"/> Deputy Treasurer	
for the campaign of <u>A. WALDO FARABEE</u>			
who is seeking nomination or election as a <u>NP</u> candidate to the office of (Party)			
<u>LEE MEMORIAL HOSP BD DIST 5</u> . As a duly registered voter in <u>LEE</u> County, Florida, I am qualified to accept this appointment.			
<u>X A. Waldo Farabee</u>		<u>5-22-00</u>	
Signature of Campaign Treasurer or Deputy Treasurer		Date Signed	

STATEMENT OF CANDIDATE LEE COUNTY - FLORIDA

FLORIDA STATUTE CHAPTER 106.023

Each candidate must file a statement of candidate with the qualifying officer within 10 days after he files his Appointment of Campaign Treasurer and Designation of Campaign Depository. 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.

STATEMENT OF CANDIDATE	
PLEASE PRINT	
I, <u>A. WALDO FARABEE</u> , a candidate for the office of	
Name of Candidate	
<u>LEE MEMORIAL HOSPITAL BOARD, DIST 5</u> , have received, read, and	
Office Sought (include district, circuit, or group number)	
understand the requirements of Chapter 106, Florida Statutes.	
<input checked="" type="checkbox"/>	<u>A. Waldo Farabee</u>
Signature of Candidate	<u>5/22/00</u> Date Signed

THIS DOCUMENT MUST BE SIGNED AND RETURNED TO THE OFFICE OF THE SUPERVISOR OF ELECTIONS WITHIN 10 DAYS

MAIL TO

Qualifying Officer
Lee County Elections Office
P O Box 2545
Fort Myers FL 3390292545

IN PERSON

Lee County Constitutional Complex
Lee County Elections Office 3rd Floor
2480 Thompson Street
Fort Myers FL 33901

Philinda A. Young
Supervisor of Elections
Lee County - Florida
941-339-6300

RECEIVED
SUPERVISOR OF
ELECTIONS
MAY 22 3 26 PM '00