

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) BERNICE (BERNIE) BRADEN		Address (include P O Box, street, city, state, zip code) 1730 Sandy Cir.#112,Cape Coral,Fl33904	
Telephone (Daytime) 941-542-2400	Party (Partisan Candidates Only) Republican	Office Sought (include district, circuit or group number) Lee County Commissioner, Dist. I	
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 Joni Johnson			
Mailing Address (if P O Box or drawer add street address) 434 SE 47th Terrace		Telephone (Daytime)	
City Cape Coral	County Lee	State Florida	Zip Code 33904
I have designated the following named bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
Name of Bank Southtrust Bank		Street Address 1645 SE 47th Ter	
City Cape Coral	County Lee	State Florida	Zip Code 33904
I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS			
Signature of Candidate X <i>Bernice Braden</i>	Date Signed 6/9/00	Voter ID# or D. O. B. 63-000185	
CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT			
I, <u>Joni Johnson</u> , do hereby accept the appointment as (Print or Type)			
c Campaign Treasurer <input type="checkbox"/> Deputy Treasurer <input type="checkbox"/> for the campaign of <u>Bernice "Bernie" Braden</u> who is seeking nomination or election as a <u>Republican</u> candidate to the office of (Party)			
<u>Dist I-Lee County Commissioner</u> As a duly registered voter in <u>Lee</u> County, Florida, I am qualified to accept this appointment.			
X <i>Joni Johnson</i>		<u>6/9/00</u>	
Signature of Campaign Treasurer or Deputy Treasurer		Date Signed	

Due By June 16, 2000

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, stating that he has read and understands the requirements of this chapter.

<u>STATEMENT OF CANDIDATE</u>	
<u>PLEASE PRINT</u>	
I, <u>BERNICE (BERNIE) BRADEN</u> , candidate for the office of	
<small>Name of Candidate</small>	
<u>COUNTY COMMISSION DIST I</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>Bernie Braden</u>	<u>6/9/2000</u>
<small>Signature of Candidate</small>	<small>Date Signed</small>

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 33902-2545

IN PERSON:

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

JUN 13 10 25 AM '00
 SUPERVISOR OF ELECTIONS

**IF YOU HAVE ANY QUESTIONS CONCERNING THIS FORM
CALL 339-6300**

Philinda A. Young
Supervisor of Elections
Lee County - Florida