

# 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>		
<i>Bill Fussell</i>		
RESIDENCE ADDRESS: <i>1377 Coconut Dr</i>	MAILING ADDRESS: <i>Ft Myers Fla</i>	
CITY/ZIP CODE: <i>33901</i>	CITY/ZIP CODE:	
TELEPHONE #: HOME:	TELEPHONE #: WORK: <i>3396060</i>	TELEPHONE #: DAYTIME:
OFFICE SOUGHT AND DISTRICT IF APPLICABLE: <i>Tax Collector</i>		PARTY (BELOW) <i>Democrat</i>
DATE: <i>Apr. 18, 2000</i>	DATE OF BIRTH OR VOTER ID #: <i>DEC. 7, 1941</i>	CANDIDATE SIGNATURE: <i>Bill Fussell</i>

THIS FORM IS FOR USE ONLY IN LEE COUNTY 04-99 SOE APPROVED

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

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

APR 18 2000  
 SUPERVISOR OF ELECTIONS

**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>Bill FUSSELL</u>		Address (include P O Box, street, city, state, zip code) <u>1377 Coconut Dr F.m Fla 33901</u>
Telephone (Daytime) <u>3396060</u>	Party (Partisan Candidates Only) <u>DEMOCRAT</u>	Office Sought (include district, circuit or group number) <u>Tax Collector</u>

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

Name of Treasurer or Deputy Treasurer  
Bill FUSSELL

Mailing Address (if P O Box or drawer add street address)    Telephone (Daytime)  
1377 Coconut Dr.    3396060

City <u>F.m.</u>	County <u>LEE</u>	State <u>FLA</u>	Zip Code <u>33901</u>
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I have designated the following named bank as my  Primary Depository     Secondary Depository

Name of Bank    Street Address  
First Union    2201 Second St

City <u>F.m.</u>	County <u>LEE</u>	State <u>FLA</u>	Zip Code <u>33901</u>
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**I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS**

Signature of Candidate <u>X Bill FUSSELL</u>	Date Signed <u>April 18 2000</u>	Voter ID# or D. O. B. <u>DEC 7, 1941</u>
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**CAMP'AIGN TREASURER'S ACCEPTANCE OF APPOINTMENT**

I, Bill FUSSELL, do hereby accept the appointment%  
(Print or Type)

Campaign Treasurer     Deputy Treasurer for the campaign of Bill FUSSELL  
who is seeking nomination or election as a DEMOCRAT candidate to the office of  
Tax Collector (Party)  
As a duly registered voter in LEE County,

Florida, I am qualified to accept this appointment.  
X Bill FUSSELL    April 18, 2000  
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, stating that he has read and understands the requirements of this chapter.

<b><u>STATEMENT OF CANDIDATE</u></b>	
<b><u>PLEASE PRINT</u></b>	
I, <u>Bill FUSSELL</u>	, candidate for the office of
<small>Name of Candidate</small>	
<u>TAX Collector</u>	, have received, read, and
<small>Office Sought (include district, circuit, or group number)</small>	
<b>understand the requirements of Chapter 106, Florida Statutes.</b>	
<b>X</b> <u>Bill Fussell</u>	<u>Apr 18, 2000</u>
<b>Signature of Candidate</b>	<b>Date Signed</b>

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**

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

**Philinda A. Young  
Supervisor of Elections  
Lee County - Florida**

Mar-99

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SUPV OF ELECTIONS

# ALTERNATIVE METHOD AFFIDAVIT

SECTION 99.095 FLORIDA STATUTES

## FS 106.141(6)

Prior to disposing of funds pursuant to subsection (4), or transferring funds into an office account pursuant to subsection (5), any candidate who filed an oath, stating that he was unable to pay the election assessment or fee for verification of petition signatures, without imposing an undue burden on his personal resources or on resources otherwise available to him, or who filed both such oaths, or who qualified by the alternative method and was not required to pay an election assessment, shall reimburse the state or local governmental entity, whichever is applicable, for such waived assessment or fee or both. Such reimbursement shall be made first for the cost of petition verification and then, if funds are remaining, for the amount of the election assessment. If there are insufficient funds in the account to pay the full amount of either the assessment or the fee or both, the remaining funds shall be disbursed in the above manner until no funds remain. All funds disbursed pursuant to this subsection shall be remitted to the qualifying officer. Any reimbursement for petition verification costs which are reimbursable by the state shall be forwarded by the qualifying officer to the state for deposit in the General Revenue Fund. All reimbursements for the amount of the election assessment shall be forwarded by the qualifying officer to the Department of State for deposit in the Elections Commission Trust Fund.

PLEASE PRINT OR TYPE

I certify that I intend to qualify by the alternative method as a candidate for the office of:

Tax Collector

(include district or circuit and group or seat numbers)

is a:

- Partisan Candidate, Member of the Democratic Party
- No Party Affiliation Candidate (former/ independent)
- Nonpartisan Candidate (includes judicial offices)

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**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE**

April 18 2000  
DATE

Bill Fussell  
PRINT NAME OF CANDIDATE

X Bill Fussell  
SIGNATURE OF CANDIDATE

1377 Coconut DR  
RESIDENCE ADDRESS (DO NOT USE P O BOX)

F.M. Fla. 33901  
CITY STATE ZIPCODE

3396060  
DAY PHONE

( )  
FAX NUMBER