

# 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>BOB LEHMAN</i>		
<b>RESIDENCE ADDRESS:</b> <i>7440 TROPICAL LN</i>	<b>MAILING ADDRESS:</b> <i>P.O. BOX 182</i>	
<b>CITY/ZIP CODE:</b> <i>BOKEELIA FL 33922</i>	<b>CITY/ZIP CODE:</b> <i>BOKEELIA FL 33922</i>	
<b>TELEPHONE #:</b> <b>HOME:</b> <i>283-2217</i>	<b>TELEPHONE #:</b> <b>WORK:</b> <i>N/A</i>	<b>TELEPHONE #:</b> <b>DAYTIME:</b> <i>283-2217</i>
<b>OFFICE SOUGHT AND DISTRICT IF APPLICABLE:</b> <i>COUNTY COMMISSION DISTRICT 1</i>		<b>PARTY (BELOW):</b> <i>LIBERTARIAN</i>
<b>DATE:</b> <i>1-12-2000</i>	<b>DATE OF BIRTH OR VOTER ID #:</b> <i>12/20/17</i>	<b>CANDIDATE SIGNATURE:</b> <i>✓ Bob Lehman</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  
P O BOX 2545  
Fort Myers FL 33902-2545  
Telephone (339-6300)

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# 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>BOB LEHMAN</u>	, candidate for the office of
<small>Name of Candidate</small>	
<u>COUNTY COMMISSIONER DISTRICT 1</u>	, <b>have received</b> , read, and
<b>Office</b> Sought (include district, circuit, or group number)	
understand the requirements of Chapter 106, Florida Statutes.	
<input checked="" type="checkbox"/> <u>Bob Lehman</u>	<u>1-12-2000</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

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

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

Mar-99

RECEIVED  
SUPERVISOR OF  
ELECTIONS  
JAN 12 12 55 PM '00

# 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:

COUNTY COMMISSIONER DIST 1

(include district or circuit and group or seat numbers)

as a:

- Partisan Candidate, Member of the LIBERTARIAN Party
- No Party Affiliation Candidate (**formerly** independent)
- Nonpartisan Candidate (**includes judicial offices**)

JAN 12 17:55  
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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**

1-12-00

DATE

BOB LEHMAN

PRINT NAME OF CANDIDATE

X ✓ Bob Lehman

SIGNATURE OF CANDIDATE

7440 TROPICAL LN

RESIDENCE ADDRESS (DO NOT USE P O BOX)

BOKEELIA FL 33922

CITY STATE ZIP CODE

941 283-2217

DAY PHONE

941 283-2217

FAX NUMBER