

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>		
Catherine H. Curtis		
RESIDENCE ADDRESS: 1474 Argyle Drive	MAILING ADDRESS: 1474 Argyle Drive	
CITY/ZIP CODE: Fort Myers, Fl. 33919	CITY/ZIP CODE:	
TELEPHONE #: HOME: 277-0276	TELEPHONE #: WORK: 332-6791	TELEPHONE #: DAYTIME: 332-6791
OFFICE SOUGHT <u>AND</u> DISTRICT IF APPLICABLE: Tax Collector		PARTY (BELOW) Republican
DATE: 7-2 2-99	DATE OF BIRTH <u>OR</u> VOTER ID #: 11-25-59	CANDIDATE SIGNATURE: <i>Catherine M. Curtis</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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ELECTIONS

ALTERNATIVE METHOD AFFIDAVIT MAJOR PARTY CANDIDATES

SECTION 99.095 FLORIDA STATUTES

ES 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 of the
 REPUBLICAN _____ Party for the office of:

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TAX COLLECTOR

(include district or circuit and group number)

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

7-21-99 _____

DATE

CATHERINE M. CURTIS _____

PRINT NAME OF CANDIDATE

X *Catherine M. Curtis* _____

SIGNATURE OF CANDIDATE

1474 ARGYLE DR. _____

RESIDENCE ADDRESS (DO NOT USE P O BOX)

FORT MYERS
CITY

FL
STATE

33919
ZIPCODE

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) CATHERINE M. CURTIS		Address (include P O Box, street, city, state, zip code) 1474 ARGYLE DR., FORT MYERS FL, 33919	
Telephone (Daytime) 941 332-6791	Party (Partisan Candidates Only) REPUBLICAN	Office Sought (include district, circuit or group number) TAX COLLECTOR	

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

Name of Treasurer or Deputy Treasurer
CATHERINE M. CURTIS

Mailing Address (if P O Box or drawer add street address) 1474 ARGYLE DR.	Telephone (Daytime) 941 332-6791
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City FORT MYERS	County LEE	State FL	Zip Code 33919
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I have designated the following named bank as my Primary Depository Secondary Depository

Name of Bank SOUTHTRUST BANK	Street Address 7040 WINKLER
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City FORT MYERS	County LEE	State FL	Zip Code 33919
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I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS

Signature of Candidate X <i>Catherine M. Curtis</i>	Date Signed <i>7-21-99</i>	Voter ID# or D. O. B. <i>11-25-59</i>
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CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, CATHERINE M. CURTIS do hereby accept the appointment as
(Print or Type)

as Campaign Treasurer Deputy Treasurer for the campaign of CATHERINE M. CURTIS

who is seeking nomination or election as a REPUBLICAN candidate to the office of
(Party)

TAX COLLECTOR As a duly registered voter in LEE County,

Florida, I am qualified to accept this appointment.

X <i>Catherine M. Curtis</i>	<i>7-21-99</i>
Signature of Campaign Treasurer or Deputy Treasurer	Date Signed

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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.

<u>STATEMENT OF CANDIDATE</u>	
<u>PLEASE PRINT</u>	
I, <u>CATHERINE M CURTIS</u>	candidate for the office of
Name of Candidate	
<u>TAX COLLECTOR</u>	have received, read, and
Office Sought (include district, circuit, or group number)	
understand the requirements of Chapter 106, Florida Statutes.	
X	
<u><i>Catherine M. Curtis</i></u>	<u>7-13-99</u>
Signature of Candidate	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 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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ELECTIONS
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