

# CANDIDATE FACT SHEET

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

(PLEASE PRINT)

**NAME AS YOU WANT IT TO APPEAR ON THE BALLOT**

Charles W. D. Felice

RESIDENCE ADDRESS: 702 Willow DRIVE	<b>DIRECT MAIL MAIL</b> MAILING ADDRESS: P.O. Box 536
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CITY/ZIP CODE: Lehigh Acres Fla. 33936	CITY/ZIP CODE: FORT MYERS FL 33902
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TELEPHONE #: <b>HOME:</b> (941) 369-8408	TELEPHONE #: <b>WORK:</b> (941) -335-2157	TELEPHONE #: <b>DAYTIME:</b> (941) -335-2157
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<b>OFFICE SOUGHT AND DISTRICT IF APPLICABLE:</b> Lee County Tax Collector	<b>PARTY (BELOW)</b> Republican
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<b>DATE:</b> 8/17/99	<b>DATE OF BIRTH OR VOTER ID #:</b> 81-006932 613155	<b>CANDIDATE SIGNATURE:</b> Charles W. D. Felice
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THIS FORM IS FOR USE ONLY IN LEE COUNTY 04-99 SOE APPROVED

RECEIVED  
SUPERVISOR OF  
ELECTIONS  
SEP 20 1999

**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)

**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

*P.O. Box 536 33902*

Name of Candidate (AS YOU WANT IT TO APPEAR ON BALLOT) <i>Charles W. DiFelice</i>		Address (include P O Box, street, city, state, zip code) <i>702 Willow DR Lehigh Acres FL 33902</i>	
Telephone (Daytime) <i>941-335-2157</i>	Party (Partisan Candidates Only) <i>Republican</i>	Office Sought (include district, circuit or group number) <i>Lee County Tax Collector</i>	
I have appointed the following person to act as my		<input checked="" type="checkbox"/> Campaign Treasurer	<input type="checkbox"/> Deputy Treasurer
Name of Treasurer or Deputy Treasurer <i>David M. Check</i>			
Mailing Address (if P O Box or drawer add street address) <i>3787 Winkler Ave. Ext., #314</i>		Telephone (Daytime) <i>(941) 274-5462</i>	
City <i>Fort Myers</i>	County <i>Lee</i>	State <i>FL</i>	Zip Code <i>33902</i>
I have designated the following named bank as my		<input checked="" type="checkbox"/> Primary Depository	<input type="checkbox"/> Secondary Depository
Name of Bank <i>Fatious Bank # 275-2103</i>		Street Address <i>US 41 3210 Cleveland Ave Ft. Myers FL 33901</i>	
City <i>FT. MYERS</i>	County <i>Lee</i>	State <i>FLA</i>	Zip Code <i>33902 33901</i>
<b>I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS</b>			
Signature of Candidate <input checked="" type="checkbox"/> <i>Charles W DiFelice</i>		Date Signed <i>9/17/99</i>	Voter ID# or D. O. B. <i>81-006932 617155</i>
<b>CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT</b>			
I, <u><i>David M. Check</i></u> do hereby accept the appointment as (Print or Type) <i>David M. Check</i>			
<input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer    for the campaign of <u><i>Charles W. DiFelice</i></u>			
who is seeking nomination or election as a <u><i>Republican</i></u> candidate to the office of (Party)			
<u><i>Lee County Tax Collector</i></u> As a duly registered voter in <u><i>LEE</i></u> county,			
Florida, I am qualified to accept this appointment.			
<input checked="" type="checkbox"/> <u><i>David M. Check</i></u>		<u><i>9-17-99</i></u>	
Signature of Campaign Treasurer or Deputy Treasurer		Date Signed	

**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**

*P.O. Box 536 33902*

Name of Candidate (AS YOU WANT IT TO APPEAR ON BALLOT) <i>Charles W. DiFelice</i>		Address (include P O Box, street, city, state, zip code) <i>702 Willow Drive Lehigh Acres FL 33936</i>	
Telephone (Daytime) <i>(941) 335-2157</i>	Party (Partisan Candidates Only) <i>Republican</i>	Office Sought (include district, circuit or group number) <i>Lee County Tax Collector</i>	

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

Name of Treasurer or Deputy Treasurer  
*Charles W. DiFelice*

Mailing Address (if P O Box or drawer add street address)  
*702 Willow DR*

City <i>Lehigh Acres</i>	County <i>Lee</i>	State <i>FL.</i>	Zip Code <i>33936</i>
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I have designated the following named bank as my  Primary Depository  Secondary Depository

Name of Bank  
*Nations Bank #275-2103*

City <i>FT. MYERS</i>	County <i>Lee</i>	State <i>FL.</i>	Zip Code <i>33901</i>
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**I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS**

Signature of Candidate <i>X Charles W DiFelice</i>	Date Signed <i>9/17/99</i>	Voter ID# or D. O. B. <i>81-006932 7155</i>
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**CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT**

I, *Charles W DiFelice*, do hereby accept the appointment as  
 (Print or Type)  
 c | Campaign Treasurer  Deputy Treasurer for the campaign of *Charles W DiFelice*  
 who is seeking nomination or election as a *Republican* candidate to the office of  
 (Party)  
*Lee County Tax Collector*. As a duly registered voter in *Lee* County,

Florida, I am qualified to accept this appointment.  
 x *Charles W DiFelice* *9/17/99*  
 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>	
<u>PLEASE PRINT</u>	
I, <u>CHARLES W. Di FELICE</u>	candidate for the office of
<small>Name of <b>Candidate</b></small>	
<u>County Tax Collector</u>	have received, read, and
<small>Office Sought (include district, circuit, or group number)</small>	
understand the requirements of Chapter 106, Florida Statutes.	
X <u>Charles W Di Felice</u>	<u>9/18/17</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

SUPERVISOR OF ELECTIONS

SEP 20 1 53 PM '99