


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>		
Darryll Bauchert		
RESIDENCE ADDRESS: 1455 Carmelle Drive	MAILING ADDRESS: 1455 Carmelle Drive	
CITY/ZIP CODE: Fort Myers, FL 33919	CITY/ZIP CODE: Fort Myers, FL 33919	
TELEPHONE #: HOME: (941) 482-3653	TELEPHONE #: WORK: (941) 489-3003	TELEPHONE #: DAYTIME: (941) 489-3003
OFFICE SOUGHT AND DISTRICT IF APPLICABLE: Lee Memorial Hospital Board District 3		PARTY (BELOW) N/A
DATE: 5/9/00	DATE OF BIRTH OR VOTER ID #: July 10, 1951	CANDIDATE SIGNATURE: 

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**

PHILINDA A. YOUNG
Supervisor of Elections
P O BOX 2545
Fort Myers FL 33902-2545
Telephone (339-6300)

JUN 12 11 31 AM '00
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 200

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) Darryll Bauchert		Address (include P O Box, street, city, state, zip code) 1455 Carmelle Dr. Ft. Myers, FL 33919	
Telephone (Daytime) (941) 489-3003	Party (Partisan Candidates Only) NP	Office Sought (include district, circuit or group number) Lee Memorial Hospital Board-Dist. 3	

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

Name of Treasurer or Deputy Treasurer Michael D. Holland			
Mailing Address (if P O Box or drawer add street address) 15700 Shadow Run Court Fort Myers, FL 33912		Telephone (Daytime) (941) 209-6294	
City	County	State	Zip Code
	Lee		

I have designated the following named bank as my Primary Depository Secondary Depository

Name of Bank AmSouth Bank		Street Address 8 6 5 5 College Parkwa	
City Fort Myers	County Lee	State FL	Zip Code 33919

I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS

Signature of Candidate X	Date Signed 6/9/00	Voter ID# or D. O. B. July 10, 1951
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CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, Michael D. Holland, do hereby accept the **appointment** as
 (Print or Type)

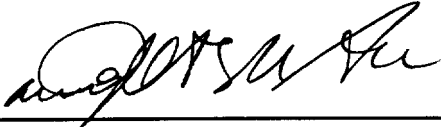
Campaign Treasurer Deputy Treasurer for the campaign of Darryll Bauchert
 who is seeking nomination or election as a N/A candidate to the **Office of**
 (Party)
Lee Memorial Hospital Board-Dist 3. As a duly registered voter in **County,**
Florida, I am qualified to accept this appointment.

X
 Signature of Campaign Treasurer or Deputy Treasurer Date Signed
6/9/00

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. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to **\$1,000, (ss.106.19(1)(c),106.265(1) Florida Statutes.**

<u>STATEMENT OF CANDIDATE</u>	
<u>PLEASE PRINT</u>	
I, <u>Darryll Bauchert</u> , a candidate for the office of Name of Candidate	
<u>Lee Memorial Hospital Board-Dist 3</u> , have received, read, and Office Sought (include district, circuit, or group number)	
understand the requirements of Chapter 106, Florida Statutes.	
X 	6/9/00
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

Philinda A. Young
Supervisor of Elections
Lee County - Florida
941-339-6300

DS-DE 84 (REV 08/99)

RECEIVED
SUPERVISOR OF
ELECTIONS
JUN 12 11 30 AM '00