

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
FOR CANDIDATES
 (Section 106.021(1), F.S.)

CHECK APPROPRIATE BOX
 Original Appointment
 Deputy Treasurer
 Reappointment of Treasurer
 Secondary Depository

(PLEASE TYPE)

Name of Candidate DARRYL BAUCHERT	1. Address (include post office box or street, city, state, zip code) 1455 Carmelle Dr Ft. Myers, FL 33919
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Telephone (optional) (941) 4893003	2. Party (Partisan candidates only) N/A	3. Office (add district, circuit or group number) Lee Memorial Hosp. Board - Dist. 3
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Darryl R. Bauchert, Sr.

5. Mailing Address (If post office box or drawer add street address) 1455 Carmelle Dr.	6. Telephone (941) 4893003
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7. City Ft. Myers	8. County Lee	9. State FL	10. Zip Code 33919
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank AMSOUTH	12. Street Address 8655 COLLEGE PKY
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13. City FORT MYERS	14. County LEE	15. State FL	16. Zip Code 33919
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I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS.

17. Signature of Candidate X 	Date 8/2/00
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Campaign Treasurer's Acceptance of Appointment


I, **DARRYL R. BAUCHERT, Sr.**, do hereby accept the appointment as
 (Please Print or Type)

as Campaign Treasurer Deputy Treasurer for the campaign of **Darryl 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 **Lee**

County, Florida, I am qualified to accept this appointment.

8/2/00 Date  Signature of Campaign Treasurer or Deputy Treasurer