


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>		
GLEE DUFF		
RESIDENCE ADDRESS: 20635 Armada c f .	MAILING ADDRESS: 20635 Armada ct.	
CITY/ZIP CODE: Estero FL 33928	CITY/ZIPCODE: Estero, FL 33928	
TELEPHONE #: HOME: 941-947-2023	TELEPHONE #: WORK: Same	TELEPHONE #: DAYTIME: Same
OFFICE SOUGHT AND DISTRICT IF APPLICABLE: Hospital Board - District 3		PARTY (BELOW) NP
DATE: 5/26/00	DATE OF BIRTH <u>OR</u> VOTER ID #: 8/20/33	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**

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

MAY 26 4 42 PM '00
 SUPERVISOR OF ELECTIONS

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) GLEE DUFF		Address (include P O Box, street, city, state, zip code) 20635 Armada Ct, Estero, FL 33928
Telephone (Daytime) 941-947-2023	Party (Partisan Candidates Only) NP	Office Sought (include district, circuit or group number) Hospital Board - District 3

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

Name of Treasurer or Deputy Treasurer
SALLY A DUFF

Mailing Address (if P O Box or drawer add street address) 20635 Armada Ct.	Telephone (Daytime) 941-947-2023
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City Estero	County Lee	State FL	Zip Code 33928
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I have designated the following named bank as my Primary Depository Secondary Depository

Name of Bank Bank of America	Street Address 19017 U S 41 South
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City Ft Myers	County Lee	State FL	Zip Code 33908
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I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS

Signature of Candidate X <i>[Signature]</i>	Date Signed 5/26/00	Voter ID# or D. O. B. 8/20/33
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CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, **Sally A. Duff**, do hereby accept the appointment as **Campaign Treasurer** for the campaign of **Glee Duff** who is seeking nomination or election as a **NP** candidate to the office of **Hospital Board - District 3**. As a duly registered voter in **Lee** County, Florida, I am qualified to accept this appointment.

Signature of Campaign Treasurer or Deputy Treasurer <i>[Signature]</i>	Date Signed 5/26/00
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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. 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>GLEE DUFF</u>	a candidate for the office of
Name of Candidate	
<u>Hospital Board - District 3</u>	have received, read, and
Office Sought (include district, circuit, or group number)	
understand the requirements of Chapter 106, Florida Statutes.	
X <u><i>Glee A Duff</i></u>	<u>5/26/00</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**

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

RECEIVED
SUPERVISOR OF
ELECTIONS
MAY 26 4 42 PM '00