


# SCANNED

## CANDIDATE FACT SHEET

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

(PLEASE PRINT)

<b><u>NAME AS YOU WANT IT TO APPEAR ON THE BALLOT</u></b> George P. Brightman		
<del>RESIDENCE ADDRESS:</del>		MAILING ADDRESS: P.O. Box 08247
<del>CITY/ZIP CODE:</del>		CITY/ZIP CODE: Ft. Myers, FL 33908
TELEPHONE #: HOME:	TELEPHONE #: WORK:	TELEPHONE #: DAYTIME: 437-3111
OFFICE SOUGHT AND DISTRICT IF APPLICABLE: Sheriff		PARTY (BELOW) Republican
DATE: 3/9/00	DATE OF BIRTH OR VOTER ID #: 3/19/51	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)

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RECEIVED  
SUPERVISOR OF  
ELECTIONS

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# SCANNED 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 08247 33908

Name of Candidate (AS YOU WANT IT TO APPEAR ON BALLOT) <u>George P. Brightman</u>		Address (include P O Box, street, city, state, zip code) <u>P.O. Box 08247, Fort Myers, FL 33908</u>
Telephone (Daytime) <u>#437-3111</u>	Party (Partisan Candidates Only) <u>Republican</u>	Office sought (include district, circuit, etc. number) <u>Sheriff</u>

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

Name of Treasurer or Deputy Treasurer  
Laura H. Brightman

Mailing Address (if P O Box or drawer add street address) <u>P.O. Box 08247 Ft. Myers, FL 33908</u>		Telephone (Daytime) <u>#437-3111</u>	
City <u>Fort Myers</u>	County <u>Lee</u>	State <u>FL</u>	Zip Code <u>33908</u>

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

Name of Bank <u>Nations Bank/Bell Tower</u>		Street Address <u>13099 S Cleveland Ave</u>	
City <u>Fort Myers</u>	County <u>Lee</u>	State <u>FL</u>	Zip Code <u>33907</u>

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

Signature of Candidate <u>X</u> <u>George P. Brightman</u>	Date Signed <u>3/9/00</u>	Voter ID# or D. O. B. <u>3/19/51</u>
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### CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, Laura H. Brightman, do hereby accept the appointment as  
(Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of George P. Brightman  
who is seeking nomination or election as a Republican candidate to the office of  
Sheriff (Party)  
As a duly registered voter in Lee County,

Florida, I am qualified to accept this appointment.

X <u>Laura H. Brightman</u> Signature of Campaign Treasurer or deputy Treasurer	<u>3/09/00</u> Date Signed
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SCANNED

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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 08247 33908

Name of Candidate (AS YOU WANT IT TO APPEAR ON BALLOT) <u>George P. Brightman</u>		Address (include P O Box, street, city, state, zip code) <u>P.O. Box 08247, Ft. Myers, FL 33908</u>
Telephone (Daytime) <u>#437-3111</u>	Party (Partisan Candidates Only) <u>Republican</u>	Office sought (Include district, circuit or group number) <u>Sheriff</u>

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

Name of Treasurer or Deputy Treasurer <u>George P. Brightman</u>			
Mailing Address (if P O Box or drawer add street address) <u>P.O. Box 08247, Ft. Myers, FL 33908</u>		Telephone (Daytime) <u># 437-3111</u>	
City <u>Ft. Myers</u>	County <u>Lee</u>	State <u>FL</u>	Zip Code <u>33908</u>

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

Name of Bank <u>NATIONS BANK / BEA TOWER</u>		Street Address <u>13099 S. Cleveland Ave</u>	
City <u>Fort Myers</u>	County <u>Lee</u>	State <u>FL</u>	Zip Code <u>33907</u>

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

Signature of Candidate <u>X</u> <u>George P. Brightman</u>	Date Signed <u>3/9/00</u>	Voter ID# or D. O. B. <u>3, 19/51</u>
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CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, George P. Brightman, do hereby accept the appointment as  
(Print or Type)

Campaign Treasurer  Deputy Treasurer for the Campaign of George P. Brightman  
who is seeking nomination or election as a Republican candidate to the office of  
(Party)  
Sheriff, As a duly registered voter in Lee County,

Florida, I am qualified to accept this appointment.

Signature of Campaign Treasurer or Deputy Treasurer <u>X</u> <u>George P. Brightman</u>	Date Signed <u>3/9/00</u>
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**SCANNED** 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.

<b><u>STATEMENT OF CANDIDATE</u></b>	
<u>PLEASE PRINT</u>	
I, <u>George P. Brightman</u> <small>Name of Candidate</small>	a candidate for <b>the office of</b> <u>Sheriff</u> <small>Office Sought (include district, circuit, or group number)</small>
have received, read, and understand the requirements of Chapter 106, Florida Statutes.	
<input checked="" type="checkbox"/> <u><i>George P. Brightman</i></u> <small>Signature of Candidate</small>	<u>3-9-2000</u> <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

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

DS-DE 84 (REV 08/99)

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 SUPERVISOR OF  
 ELECTIONS

# SCANNED ALTERNATIVE METHOD AFFIDAVIT

SECTION 99.095 FLORIDA STATUTES

FS 106.14116)

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 for the office of:

Sheriff

(include district or circuit and group or seat numbers)

is a:

- Partisan Candidate, Member of the Republican Party
- No Party Affiliation Candidate (formerly independent)
- Nonpartisan Candidate (includes judicial offices)

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

3/09/00  
DATE

George P. Brightman  
PRINT NAME OF CANDIDATE

X George P. Brightman  
SIGNATURE OF CANDIDATE

Address withheld  
RESIDENCE ADDRESS (DO NOT USE P.O. BOX)

Fort Myers FL 33908  
CITY STATE ZIP CODE

946 437-3111  
DAY PHONE

( ) FAX NUMBER

RECEIVED  
SUPPORT OF  
GENERAL