

STATE OF FLORIDA
**APPOINTMENT OF CAMPAIGN TREASURER
 AND DESIGNATION OF CAMPAIGN DEPOSITORY
 FOR CANDIDATES**
 MAR 27 9 52 AM '98
 (Section 106.021(1), F.S.)

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

(PLEASE TYPE)

Name of Candidate GARY R. GROSSER	1. Address (include post office box or street, city, state, zip code) 28160 PINE HAVEN WAY #34 BONITA SPRINGS, FL. 34135	
Telephone (optional) #948-0345	2. Party (Partisan candidates only) NO PARTY AFFILIATION INDEPENDENT	3. Office (add district, circuit or group number) LEE COUNTY SHERIFF

CHGD PER - SB 754 (6-99)

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

4. Name of Treasurer or Deputy Treasurer
GARY R. GROSSER

5. Mailing Address (if post office box or drawer add street address) 28160 PINE HAVEN WAY #34	6. Telephone
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7. City BONITA SPRINGS	8. County LEE	9. State FL.	10. Zip Code 34135
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank CAPE CORAL NATIONAL BANK	12. Street Address 2724 DEL PRADO BLVD.
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13. city CAPE CORAL	14. County LEE	15. State FL	16. Zip Code 33904
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I WILL NOTIFY YOU OF ANY **ADDITIONS** OR CHANGES TO THESE APPOINTMENTS.

17. Signature of Candidate X <i>Gary R. Grosser</i>	Date 3-27-98
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Campaign Treasurer's Acceptance of Appointment

I, **GARY R. GROSSER**, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **GARY R. GROSSER**

who is seeking nomination or election as an **Independent** candidate to the office of
 (Party)

Lee County Sheriff. As a duly registered voter in **Lee**

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

X **3-27-98** *Gary R. Grosser*
 Date Signature of Campaign Treasurer or Deputy Treasurer

STATE OF FLORIDA
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 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 GARY R. GROSSER	1. Address (include post office box or street, city, state, zip code) 28160 PINE HAVEN WAY #34 BOVITA SPRINGS FL 34135
Telephone (optional) #948-0345	2. Party (Partisan candidates only) NO PARTY AFFILIATION
3. Office (add district, circuit or group number) LEE COUNTY SHERIFF	

CHGD PER - SB 754 (6-99)

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

4. Name of Treasurer or Deputy Treasurer
LAURENCE L. WILSON

5. Mailing Address (if post office box or drawer add street address) 221 SW 43RD LANE 33914 CAPE CORAL, FL	6. Telephone 941-542-0636
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7. city CAPE CORAL	8. County LEE	9. State FLORIDA	10. Zip Code 33914
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank CAPE CORAL NATIONAL BANK	12. Street Address 2724 DEL PRADO BLVD.
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13. city CAPE CORAL	14. County LEE	15. State FLORIDA	16. Zip Code 33904
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I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS.

17. Signature of Candidate X <i>Gary R. Grosser</i>	Date 2-13-98
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Campaign Treasurer's Acceptance of Appointment

I, LAURENCE L. WILSON, do hereby accept the appointment as Campaign Treasurer (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of GARY R. GROSSER

who is seeking nomination or election as an INDEPENDENT (Party) candidate to the office of LEE COUNTY SHERIFF. As a duly registered voter in LEE County, Florida, I am qualified to accept this appointment.

2-13-98 Date **X** *Laurence L. Wilson* Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED SUPERVISOR OF ELECTIONS FEB 13 1998

STATEMENT OF CANDIDATE

F.S. 106.023

Each candidate must file a statement 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.

STATEMENT OF CANDIDATE

I, GARY R. GROSSER, candidate for the office of Lee County S W 1 -, have received, read, and understand the requirements of Chapter 106, Florida Statutes.

Gary R. Grosser
Signature of Candidate:

9-27-98
Date:

This document must be signed and returned to the office of the Supervisor of Elections within 10 days.

Send to:

Qualifying Officer
Elections Office
Post Office Box 2545
Fort Myers, FL 33902

or

Return to:

Lee County Constitutional Complex
Elections Office-Third Floor
2480 Thompson Street
Fort Myers, FL 33901

IF THERE ARE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CALL 339-6300.

PHILINDA A. YOUNG
SUPERVISOR OF ELECTIONS

RECEIVED
SUPERVISOR OF
ELECTIONS
MAY 27 9 52 AM '98