

CANDIDATE FACT SHEET

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

(PLEASE PRINT)

NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <i>Horace Smith</i>		
RESIDENCE ADDRESS: <i>22 67 French St.</i>	MAILING ADDRESS: <i>3323 N. Key Dr., Unit 8</i>	
CITY/ZIP CODE: <i>Ft. Myers, FLA. 33916</i>	CITY/ZIP CODE: <i>N. Ft. Myers, FLA. 33903</i>	
TELEPHONE #: <i>941</i> HOME: <i>332-5282</i>	TELEPHONE #: <i>941</i> WORK: <i>656-5801</i>	TELEPHONE #: <i>941</i> <i>Fax</i> DAYTIME: <i>652-5827</i>
OFFICE SOUGHT AND DISTRICT IF APPLICABLE: <i>Lee Memorial Hospital Board (Dist 5)</i>		PARTY (BELOW) <i>NP</i>
DATE: <i>July 17, 2000</i>	DATE OF BIRTH OR VOTER ID#: <i>72-1517</i>	CANDIDATE SIGNATURE: <i>Horace Smith</i>

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

90. 11. 2000
SUPERVISOR OF ELECTIONS
LEE COUNTY

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

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) <u>Horace Smith.</u>		Address (include P O Box, street, city, state, zip code) <u>3323 N. Key Dr. Unit 8 N. Ft. Myers FL 33903</u>	
Telephone (Daytime) <u>(411) 656-5801</u>	Party (Partisan Candidates Only) <u>NP</u>	Office Sought (include district, circuit or group number) <u>Lee Memorial Hospital District. DIST 5</u>	

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

Name of Treasurer, or Deputy Treasurer <u>Neal Adams Jr.</u>			
Mailing Address (if P O Box or drawer add street address) <u>P.O. Box 2511</u>		Telephone (Daytime) <u>(411) 656-5801</u>	
City <u>Ft Myers</u>	County <u>Lee</u>	State <u>FLA.</u>	Zip Code

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

Name of Bank <u>NORTHERN TRUST</u>		Street Address <u>8060 College Parkway SW.</u>	
City <u>Ft. Myers</u>	County <u>Lee</u>	State <u>FLA</u>	Zip Code <u>33919</u>

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

Signature of Candidate <u>X Horace Smith</u>	Date Signed <u>July 17, 2000</u>	Voter ID# or D. O. B. <u>72-1517</u>
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CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, Neal Adams Jr, do hereby accept the appointment as
 (Print or Type)
 Campaign Treasurer Deputy Treasurer for the campaign of Horace Smith
 who is seeking nomination or election as a NP candidate to the office of
 (Party)
Lee Memorial Hospital Board DIST 5. As a duly registered voter in Lee County,
 Florida, I am qualified to accept this appointment.

X Neal Adams Jr July 17 2000
 Signature of Campaign Treasurer or Deputy Treasurer Date Signed

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, stating that he has read and understands the requirements of this chapter.

<u>STATEMENT OF CANDIDATE</u>	
<u>PLEASE PRINT</u>	
I, <u>Horace Smith</u>	candidate for the office of
<small>Name of Candidate</small>	
<u>Lee Memorial Hospital Board Dist 5</u>	, have received, read, and
<small>Office Sought (include district, circuit, or group number)</small>	
understand the requirements of Chapter 106, Florida Statutes.	
<input checked="" type="checkbox"/> <u>Horace Smith</u>	<u>July 17 2000</u>
<small>Signature of Candidate</small>	<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

IF YOU HAVE ANY QUESTIONS CONCERNING THIS FORM
CALL 339-6300

Philinda A. Young
Supervisor of Elections
Lee County - Florida

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