

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>		
<i>Jo Ellen Beauvois</i>		
RESIDENCE ADDRESS: <i>1532 S.W. 52nd LN</i>	MAILING ADDRESS: <i>same</i>	
CITY/ZIP CODE: <i>CAPE CORAL, FL 33914</i>	CITY/ZIPCODE:	
TELEPHONE #: HOME: <i>(941) 542-7002</i>	TELEPHONE #: WORK:	TELEPHONE #: DAYTIME:
OFFICE SOUGHT <u>AND</u> DISTRICT IF APPLICABLE: <i>Lee Co Hospital Board Dist. #1</i>		PARTY (BELOW) <i>NP</i>
DATE: <i>7/18/00</i>	DATE OF BIRTH OR VOTER ID #: <i>72-005102</i>	CANDIDATE SIGNATURE: <i>Jo Ellen Beauvois</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**

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

JUL 18 2 00 PM '00
SUS

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) <i>Jo Ellen Beauvois</i>		Address (include P O Box, street, city, state, zip code) <i>1532 SW 52nd Ln, CAPE CORAL, FL 33914</i>	
Telephone (Daytime) <i>(941) 542-7002</i>	Party (Partisan Candidates Only) <i>NP</i>	Office Sought (include district, circuit or group number) <i>Lee Co Hosp. Bd Dist #1</i>	
I have appointed the following person to act as my		<input checked="" type="checkbox"/> Campaign Treasurer	<input type="checkbox"/> Deputy Treasurer
Name of Treasurer or Deputy Treasurer <i>Jo Ellen Beauvois</i>			
Mailing Address (if P O Box or drawer add street address) <i>1532 SW 52nd Ln</i>		Telephone (Daytime) <i>(941) 542-7002</i>	
City <i>CAPE CORAL</i>	County <i>Lee</i>	State <i>FL</i>	Zip Code <i>33914</i>
I have designated the following named bank as my		<input checked="" type="checkbox"/> Primary Depository	<input type="checkbox"/> Secondary Depository
Name of Bank <i>CAPE CORAL NATIONAL BANK</i>		Street Address <i>Del Prado Blvd.</i>	
City <i>CAPE CORAL</i>	County <i>Lee</i>	State <i>FL</i>	Zip Code <i>339</i>
I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS			
Signature of Candidate <i>X Jo Ellen Beauvois</i>		Date Signed <i>7/19/00</i>	Voter ID# or D. O. B. <i>72-005102</i>
CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT			
I, <u><i>Jo Ellen Beauvois</i></u> , do hereby accept the appointment as (Print or Type)			
• I Campaign Treasurer <input type="checkbox"/> Deputy Treasurer for the campaign of <u><i>Jo Ellen Beauvois</i></u> who is seeking nomination or election as a <u><i>NP</i></u> candidate to the office of (Party) <u><i>Lee Co Hosp Bd, Dist #1</i></u> . As a duly registered voter in <u><i>Lee</i></u> County,			
Florida, I am qualified to accept this appointment.			
<i>X Jo Ellen Beauvois</i>		<i>7/19/00</i>	
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. 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>Jo Ellen Beauvois</u>	a candidate for the office of
Name of Candidate	
<u>Lee Co Hospital Board, Dist #1</u>	have received, read, and
Office Sought (include district, circuit, or group number)	
understand the requirements of Chapter 106, Florida Statutes.	
<input checked="" type="checkbox"/> <u>Jo Ellen Beauvois</u>	<u>7/18/00</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

DS-DE 84 (REV 08/99)

Jul 19 2 25 PM '00
SUPERVISOR OF ELECTIONS
LEE COUNTY FLORIDA

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1999

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING: CHECK EITHER DECEMBER 31, 1999 <input checked="" type="checkbox"/> OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____	NAME OF YOUR AGENCY: <i>Lee Memorial Health System</i>
LAST NAME - FIRST NAME - MIDDLE NAME: <i>Beauvois Jo Ellen</i>	CHECK ONE OF THE FOLLOWING CATEGORIES: <input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
MAILING ADDRESS: <i>1532 SW 52nd LN</i>	LIST OFFICE OR POSITION HELD OR SOUGHT: <i>Lee Mem Hosp 3d Dist (#1)</i>
CITY: <i>CAPE CORAL</i> ZIP: <i>FL 33914</i> COUNTY: <i>Lee</i>	

NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.

PART A — PRIMARY SOURCES OF INCOME [Sources exceeding 5% of gross income]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>Social Security</i>		
<i>FL State Retirement</i>		
<i>CAPE CORAL NATL. BANK</i>	<i>Del Prado Blvd, Cape Coral</i>	<i>Commercial Bank</i>

PART B -SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON [Major customers, clients, etc.]

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>N/A</i>		

PART C — REAL PROPERTY [Land, buildings]

<i>Home - 1532 SW 52nd LN, CAPE CORAL</i>
<i>(Beauvois Family Trust)</i>

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.
OTHER FORMS you may need to file are described on page 6.

(Continued on p.2)

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CANVASSING BOARD MEETINGS
For
FALL 2000 ELECTIONS

FIRST PRIMARY

Friday September 1 @ 8:00 am	Canvass absentee ballots
Friday September 1 @ 1:00 pm	Test the tabulating equipment
Tuesday September 5 @ 8:00 am	Canvass absentee ballots
Wednesday September 6 @ 8:00	Certify the Election

SECOND PRIMARY

Friday September 29 @ 8:00 am	Canvass absentee ballots
Monday October 2 @ 1:00 pm	Test the tabulating equipment
Tuesday October 3 @ 8:00 am	Canvass absentee ballots
Wednesday October 4 @ 8:00 am	Certify the Election

GENERAL ELECTION

Friday November 3 @ 8:00 am	Canvass absentee ballots
Monday November 6 @ 1:00 pm	Test the tabulating equipment
Tuesday November 7 @ 8:00 am	Canvass absentee ballots
Wednesday November 8 @ 8:00 am	Certify the Election

I acknowledge that I am in receipt of this notice.

	
Signature of Candidate	Date

RECEIVED
SUPERVISOR OF
ELECTIONS
JUL 19 3 07 PM '00