


# CANDIDATE FACT SHEET

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

(PLEASE PRINT)

<b><u>NAME AS YOU WANT IT TO APPEAR ON THE BALLOT</u></b>		
Jeanne S. Dozier		
RESIDENCE ADDRESS: 1818 Llewellyn Drive	MAILING ADDRESS: Same	
CITY/ZIP CODE: Ft. Myers, FL 33901	CIN/ZIPCODE: Same	
TELEPHONE #: (941) <b>HOME:</b> 334-8020	TELEPHONE #: WORK: N/A	TELEPHONE #: (941) DAYTIME: 334-8020
OFFICE SOUGHT <u>AND</u> DISTRICT IF APPLICABLE: School Board Member District 2		PARN (BELOW) <b>NON PARTISAN</b>
DATE: 2/17/00	<b>DATE OF BIRTH OR</b> VOTER ID #: 12/16/51	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)

FEB 16 1 00:00 PM '00  
 STATE OF FLORIDA

**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) Jeanne S. Dozier		Address (include P O Box, street, city, state, zip code) 1818 Llewellyn Dr. Ft. Myers, FL 33901
Telephone (Daytime) (941) 334-8020	party (partisan Candidates Only) <b>NON PARTISAN</b>	Office Sought (include district, circuit or group number) School Board Member Dist. 2

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

Name of Treasurer or Deputy Treasurer  
William B. Tubb

Mailing Address (if P O Box or drawer add street address) 1424 SW 54th Terrace	Telephone (Daytime) (941) 332-1131
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<b>City</b> Cape Coral	<b>County</b> Lee	<b>State</b> Florida	<b>Zip Code</b> 33914
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I have designated the following named bank as my  Primary Depository  Secondary Depository

Name of Bank SouthTrust Bank	Street Address 1530 Heitman Street
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<b>City</b> Ft. Myers	<b>County</b> Lee	<b>State</b> Florida	<b>Zip Code</b> 33901
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**I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS**

<b>Signature of Candidate</b> <i>X</i>	<b>Date Signed</b> 2/17/00	<b>Voter ID# or D. O. B.</b> 12/16/51
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**CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT**

I, William B. Tubb, do hereby accept the appointment as William B. Tubb  
 (Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of Jeanne S. Dozier  
 who is seeking nomination or election as a NON PARTISAN candidate to the office of School Board Member District 2  
 (Party) As a duly registered voter in Lee County,

**Florida I am qualified to accept this appointment.**  
  
**X** \_\_\_\_\_  
 Signature of Campaign Treasurer or Deputy Treasurer \_\_\_\_\_ 2/17/00  
Date Signed

FEB 17 11:00 AM '00  
 STATE OF FLORIDA  
 SECRETARY OF STATE

# ALTERNATIVE METHOD AFFIDAVIT

SECTION 99.095 FLORIDA STATUTES

## FS 106.141(6)

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:

School Board Member District 2

(include district or circuit and group or seat numbers)

as a:

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

FILED  
FEB 17 11 00 AM '00  
SCHOOL BOARD DISTRICT 2

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

2/17/00

DATE

Jeanne S. Dozier

PRINT NAME OF CANDIDATE

X 

SIGNATURE OF CANDIDATE

1818 Llewellyn Drive

RESIDENCE ADDRESS (DO NOT USE P O BOX)

Ft. Myers, FL 33901

CITY STATE ZIPCODE

(941) 334-8020

DAY PHONE

( )

FAX NUMBER

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.

<b><u>STATEMENT OF CANDIDATE</u></b>	
<b><u>PLEASE PRINT</u></b>	
I, <u>Jeanne S. Dozier</u>	candidate for the office of
<small>Name of Candidate</small>	
<u>School Board Member District 2</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>Jeanne Dozier</u>	<u>2/17/00</u>
<b>Signature of Candidate</b>	<b>Date Signed</b>

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

Mar-99

RECEIVED  
SUPERVISOR OF  
ELECTIONS  
FEB 17 11 00 AM '00