

CANDIDATE FACT SHEET

**THE COMPLETION OF THIS SHEET WILL
FACILITATETHEOPENINGOFYOURCAMPAIGN
ACCOUNTBYOUROFFICE**

(PLEASE PRINT)

<u>NAME AS YOU WANT IT TO APPEAR ON THE BALLOT</u>		
<i>Lois C. Barrett</i>		
RESIDENCE ADDRESS: <i>242 Stevens Blvd.</i>	MAILING ADDRESS: <i>Same</i>	
CITY/ZIP CODE: <i>Ft. Myers Beach, FL, 33931</i>	CIN/ZIPCODE: <i>Same</i>	
TELEPHONE #: HOME: <i>466-9801</i>	TELEPHONE #: WORK: <i>X</i>	TELEPHONE #: DAYTIME: <i>466-9801</i>
OFFICE SOUGHT <u>AND</u> DISTRICT IF APPLICABLE: <i>Lee Memorial Health System Board of Directors District 3</i>		PARTY (BELOW) <i>MP</i>
DATE: <i>7-14-2000</i>	DATE OF BIRTH <u>OR</u> VOTER ID #: <i>Sept. 30, 1924</i>	CANDIDATE SIGNATURE: <i>Lois C. Barrett</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**

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

SEP 14 2000
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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

Name of Candidate (AS YOU WANT IT TO APPEAR ON BALLOT) <i>Lois C. Barrett</i>		Address (include P O Box, street, city, state, zip code) <i>242 Stevens Blvd Ft. Myers</i>
Telephone (Daytime) <i>466-9801</i>	Party (Partisan Candidates Only) <i>X NP</i>	Office Sought (include district, circuit or group number) <i>District 3 - Lee Memorial Health System Board of Directors</i>

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

Name of Treasurer or Deputy Treasurer <i>Lois C Barrett</i>			
Mailing Address (if P O Box or drawer add street address) <i>242 Stevens Blvd.</i>		Telephone (Daytime) <i>466-9801</i>	
City <i>Ft. Myers Beach</i>	County <i>Lee</i>	State <i>Florida</i>	Zip Code <i>33931</i>

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

Name of Bank <i>Atlantic States Bank</i>		Street Address <i>17105 San Carlos Blvd</i>	
City <i>Ft Myers</i>	County <i>Lee</i>	State <i>FL</i>	Zip Code <i>33931</i>

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

Signature of Candidate <i>X Lois C. Barrett</i>	Date Signed <i>7-14-2000</i>	Voter ID# or D. O. B. <i>Sept. 30, 1924</i>
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CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, *Lois C. Barrett* do hereby accept the appointment as
(Print or Type)

Campaign Treasurer c | Deputy Treasurer for the campaign of *Lois C. Barrett*
who is seeking nomination or election as a *NP* candidate to the office of
Lee Memorial Health System (Party)
Board of Directors. As a duly registered voter in *Lee* County,

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

X Lois C. Barrett
Signature of Campaign Treasurer or Deputy Treasurer.: *July 14, 2000*
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>Lois C. Barrett</u> , candidate for the office of	
<small>Name of Candidate</small>	
<u>District 3 Lee Memorial Health System Board of Directors</u> , have received, read, and	
<small>Office Sought (include district, circuit, or group number)</small> -	
understand the requirements of Chapter 106, Florida Statutes.	
X <u>Lois C. Barrett</u>	<u>7-14-2000</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

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

Philinda A. Young
Supervisor of Elections
Lee County - Florida

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