

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
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 ROBERT P (BOB) JAMES		1. Address (include post office box or street, city, state, zip code) 1203 KITTOWAKE CIRCLE SANIBEL FL 33757	
Telephone (optional) 941 472-5661	2. Party (Partisan candidates only) GOP (Republican)	3. Office (add district, circuit or group number) SEAT 1 COUNTY COMMISSIONER	

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

4. Name of Treasurer or Deputy Treasurer

EDWARD C. TYSON

5. Mailing Address (if post office box or drawer add street address) 2672 ROBINWOOD CIRCLE	6. Telephone (941) 472-8394
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7. City UNIREL	8. County LEE	9. State FLORIDA	10. Zip Code 33957
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank SUNTRUST BANK	12. Street Address 2108 PERIWINKLE WAY
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13. City SANIBEL	14. County LEE	15. State FL	16. Zip Code 33957
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I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS.

17. Signature of Candidate 	Date 10/18/99
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Campaign Treasurer's Acceptance of Appointment

I, **EDWARD C. TYSON**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **ROBERT P (BOB) JAMES**

who is seeking nomination or election as a **GOP REPUBLICAN** candidate to the office of
(Party)

COUNTY COMMISSIONER (Seat 1) As a duly registered voter in **LEE**

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

7 OCT 1999 Date  Signature of Campaign Treasurer or Deputy Treasurer

SUPERVISOR

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CHECK APPROPRIATE BOX

- Original Appointment
- Deputy Treasurer
- Reappointment of Treasurer
- Secondary Depository

(PLEASE TYPE)

Name of Candidate <u>Robert P (Bob) James</u>		1. Address (include post office box or street, city, state, zip code) <u>1203 KITTWAKE CIRCLE SANIBEL FL 33959</u>	
Telephone (optional) <u>941 477-9664</u>	2. Party (Partisan candidates only) <u>Republican GOP</u>	3. Office (add district, circuit or group number) <u>SEAT COUNTY COMMISSIONER</u>	

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

4. Name of Treasurer or Deputy Treasurer <u>Mary R James</u>			
5. Mailing Address (if post office box or drawer add street address) <u>13701 Markham Ln # 0-5</u>			6. Telephone <u>(941) 489-3955</u>
7. City <u>Ft Myers</u>	8. County <u>Lee</u>	9. State <u>FL</u>	10. Zip Code <u>33919</u>

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

11. Name of Bank <u>SUNTRUST BANK</u>		12. Street Address <u>3408 PERIWINKLE WAY</u>	
13. City <u>SANIBEL</u>	14. County <u>LEE</u>	15. State <u>FL</u>	16. Zip Code <u>33959</u>

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

17. Signature of Candidate <input checked="" type="checkbox"/> <u>[Signature]</u>	Date <u>10/18/99</u>
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Campaign Treasurer's Acceptance of Appointment

I, Mary R James, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Robert P (Bob) James
who is seeking nomination or election as a GOP Republican candidate to the office of
County Commissioner (Seat #1) (Party)
As a duly registered voter in Lee

County, Florida, I am qualified to accept this appointment

Oct 7 1999 [Signature]
Date Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED SUPERVISOR


STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(PLEASE TYPE)

I, Robert P (Bob) JAMES
#1
candidate for the office of DISTRICT 1 COUNTY COMMISSIONER;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

RECEIVED
SUPERVISOR OF
ELECTIONS
Oct 11 10 26 AM '99


Signature of Candidate

10/5/99
Date

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. 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).