

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

ROD SHOAP

RESIDENCE ADDRESS:

432 NE 18TH AVE

MAILING ADDRESS:

N/A

CITY/ZIP CODE:

CAPE CORAL FL 33909

CITY/ZIPCODE:

N/A

TELEPHONE #:

HOME: 772-8285

TELEPHONE #:

WORK: 772-8285

TELEPHONE #:

DAYTIME: 772-8285

OFFICE SOUGHT AND DISTRICT IF APPLICABLE:

LEE Co. SHERIFF

PARTY (BELOW)

REPUBLICAN

DATE:

4-26-00

DATE OF BIRTH OR
VOTER ID #:

#79-010888

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**

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

APR 26 3 55 PM '00

RECEIVED
SUPERVISOR OF
ELECTIONS

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

Form containing candidate information (Rod Shoap), treasurer information, bank information (Nations Bank), and acceptance of appointment for Lee County Sheriff.

ALTERNATIVEMETHODAFFIDAVIT

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:

LEE COUNTY SHERIFF

(include district or circuit and group or seat numbers)

as a:

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

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

4-26-00

DATE

ROD SHOAP

PRINT NAME OF CANDIDATE

XV [Signature]

SIGNATURE OF CANDIDATE

432 NE 18TH AVE

RESIDENCE ADDRESS (DO NOT USE P O BOX)

CAPE CORAL

CITY

FL

STATE

33909

ZIP CODE

941-772-8285

DAY PHONE

()

N/A

FAX NUMBER

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 OR REAPPOINTMENT OF TREASURER SECONDARY DEPOSITORY

PLEASE TYPE OR PRINT

Name of Candidate (AS YOU WANT IT TO APPEAR ON BALLOT) ROS SHOAP		Address (include P O Box, street, city, state, zip code) 432 NE 18 AVE CAPE CORAL, FL 33909
Telephone (Daytime) 941-772-8285	Party (Partisan Candidates Only) REPUBLICAN	Office Sought (include district, circuit or group number) LEE COUNTY SHERIFF

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

Name of Treasurer or Deputy Treasurer WENDELL WILLIAMS			
Mailing Address (if P O Box or drawer add street address) 5733 STONEHAVEN DR.		Telephone (Daytime) 941-656-3951	
City N. FT. MYERS	County LEE	State FL	Zip Code 33903

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

Name of Bank NATIONS BANK		Street Address 13650 SIX MILE CYPRESS PKWY	
City FORT MYERS	County LEE	State FL	Zip Code 33912

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

Signature of Candidate X <i>Ros Shoap</i>	Date Signed 4-27-00	Voter ID# or D. O. B. 79-010888
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CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, **WENDELL WILLIAMS**, do hereby accept the appointment as Campaign Treasurer Deputy Treasurer for the campaign of **ROS SHOAP** who is seeking nomination or election as a **REPUBLICAN** candidate to the office of **LEE COUNTY SHERIFF**. As a duly registered voter in **LEE** County,

Florida, I am qualified to accept this appointment.

X <i>Wendell Williams</i>	4-27-00
Signature of Campaign Treasurer or Deputy Treasurer	Date Signed