

CANDIDATE CAMPAIGN FILE COVER SHEET

PLEASE PRINT OR TYPE

<u>CANDIDATE NAME</u>		
BARRETT, DESMOND 710 CLEVELAND AVE N LEHIGH ACRES FL 33972		96-014416
<u>COMPLETE RESIDENCE A</u>		96-014416 <u>RESS:</u>
BARRETT, DESMOND 710 CLEVELAND AVE N LEHIGH ACRES FL 33972		
TELEPHONE #1: <i>368-0408</i>	TELEPHONE #2:	E-MAIL: (LIST ONE ONLY) <i>desmondbarrett@aol.com</i>
OFFICE SOUGHT <i>Co. comm</i>	DISTRICT, GROUP, SEAT <i>5</i>	PARTY (IF APPLICABLE) <i>REP</i>
DATE: <i>8-29-05</i>	DATE OF BIRTH OR VOTER ID #: <i>96-14416</i>	CANDIDATE SIGNATURE: X <i>Desmond Barrett</i>

Candidates providing an email address may be contacted by this office, via email, for campaign related communications that pertain exclusively to the candidate. All other mailings to candidate, from this office, will be via standard, certified or registered mail through the United States Postal Service.

RECEIVED
 2005 AUG 29 AM 8:56
 SUPERVISOR OF ELEC



Name BARRETT, DESMOND 710 CLEVELAND AVE N LEHIGH ACRES FL 33972		Telephone (Daytime) 366-0480	Party (Partisan Candidates Only) REP	Office sought (include district, circuit or group number) Co. Comm DIST 5
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Mailing Address BARRETT, DESMOND 710 CLEVELAND AVE N LEHIGH ACRES FL 33972		Telephone (Daytime) 368-0480	City LEHIGH ACRES	State FL	Zip Code 33972
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I have designated the following named bank as my Primary Depository Secondary Depository

Name of Bank RIVERSIDE BANK	Street Address 521 DEL PRADO BLVD
City CAPE CORAL	State FL
County	Zip Code

Signature of Candidate X	Date Signed 29-0	Voter ID# or Date of Birth 96-14416
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96-014416 ACCEPTANCE OF APPOINTMENT

BARRETT, DESMOND
710 CLEVELAND AVE N
LEHIGH ACRES FL 33972

I, _____, do hereby accept the appointment as

Campaign Treasurer Deputy Treasurer for the campaign of DESMOND BARRETT
(Name of Candidate)

who is seeking nomination or election as a REP candidate to the office of
(Party) (for Partisan Candidates Only)

Co. Comm DIST 5 As a duly registered voter in LEE County
(Office Sought)

Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

X Date Signed 8-29-05
Signature of Campaign Treasurer or Deputy Treasurer

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 violation of FS 106.19(1)(c) and FS 106.25(3).

STATEMENT OF CANDIDATE

96-014416

BARRETT, DESMOND
710 CLEVELAND AVE N
LEHIGH ACRES FL 33972

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SUPERVISOR OF

I, _____, a candidate for the office _____
Name of Candidate

Co. Comm DIST 5, have received, read, and
Office Sought (include district, circuit, or group number)

**understand the requirements of Chapter 106, Florida Statutes.

X



Signature of Candidate

8-29-05

Date Signed

**The execution and filing of the statement of candidate does not in and of itself create a presumption that any violation of this chapter or Chapter 104 is a willful violation as defined in s. 106.37.

MAIL TO:

Qualifying Officer
Lee County Elections Office
P O Box 2545
Fort Myers FL 33902-2545

DELIVER IN PERSON:

Lee County Constitutional Complex
Lee County Elections Office 3rd Floor
2480 Thompson Street
Fort Myers FL 33901

SHARON L. HARRINGTON
Supervisor of Elections
Lee County - Florida
239-339-6300