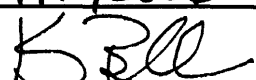


# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

<b>Candidate Name</b> (as it will appear on ballot)	111494177	
<b>And Residence Address</b>	BABB, KERRY LEE 11594 PLANTATION PRESERVE CIR S FORTMYERS FL 33912	
Mailing Address (If Different)	S/A/A	
Telephone Number(s) (Daytime)	340-8640	OR
Email Address		
Office Sought	HOSPITAL BOARD DIST 5	
Area, District, Group Or Seat Number	DIST 5	
Political Party (If Applicable)	N/A	
Date Of Birth Or Voter ID #	10/15/1955	
Date	09/11/2006	
Candidate Signature	X 	

Candidates who provide an email address may be contacted by this office, via the email address provided by the candidate, for campaign related communications that pertain exclusively to the candidate's campaign.

All other mailings from this office, which pertain to every candidate, will be made via United States Postal Service.

