


# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

<b>Candidate Name</b> <small>(as it will appear on ballot)</small>	111414541		
<b>And Residence Address</b>	BEEHLER, THANE R 1555 WHISKEY CREEK DR FORT MYERS FL 33919		
Mailing Address <small>(If Different)</small>	3/A/A		
<b>Telephone Number(s)</b> <small>(Daytime)</small>	432-9477	OR	
Email Address			
Office Sought	HOSPITAL BOARD		
<b>Area, District, Group Or Seat Number</b>	DIST 2		
<b>Political Party</b> <small>(If Applicable)</small>	N/A		
<b>Date Of Birth Or Voter ID #</b>	10/24/31		
<b>Date</b>	07/11/06		
<b>Candidate Signature</b>	<input checked="" type="checkbox"/> 		

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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.

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**STATE OF FLORIDA**  
**APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN**  
**DEPOSITORY FOR CANDIDATES**

Section 106.021(1) FS

HEC APPROPRI BOX  PLEASE TYPE OR PRINT

ORIGINAL APPOINTMENT  DEPUTY TREASURER  REAPPOINTMENT OF TREASURER  SECONDARY DEPOSITORY

Name of Candidate (AS YOU WANT IT TO APPEAR ON BALLOT) <u>THANE R BEEHLER</u>	Address (include P O Box, street, city, state, zip code) <u>1555 Whiskey Creek Dr</u> <u>FT Myers FL</u> <u>33919</u>
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Telephone (Daytime) <u>432 9477</u>	Party (Partisan Candidates Only) _____	Office Sought (include district, circuit or group number) <u>HOSPITAL BOARD, LEE MEM. PT. 2</u>
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I have appointed the following person to act as my  Campaign Treasurer  Deputy Treasurer

Name of Treasurer or Deputy Treasurer <u>Darlene M. Beehler</u>
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Mailing Address (if P O Box or drawer add street address) <u>1555 Whiskey Creek Dr</u>	Telephone (Daytime) <u>432 9477</u>
City <u>FT Myers</u> County <u>Lee</u>	State <u>Florida</u> Zip Code <u>33919</u>

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

Name of Bank <u>NACHOVIA</u>	Street Address <u>6360 Whiskey Creek Dr</u>
City <u>FT. Myers</u> County <u>Lee</u>	State <u>Florida</u> Zip Code <u>33919</u>

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

Signature of Candidate <input checked="" type="checkbox"/> <u>Thane R Beehler</u>	Date Signed <u>7/10/06</u>	Voter ID# or Date of Birth <u>10/24/31</u>
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**CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT**

I, DARLENE M. BEEHLER, do hereby accept the appointment as  
(Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of THANE R. BEEHLER  
(Name of Candidate)

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

LEE MEMORIAL HOSPITAL BOARD 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.

Darlene M. Beehler  
Signature of Campaign Treasurer or Deputy Treasurer

37-10-06  
Date Signed

06JUL11PM114S0ELEE Co FL

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STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

Section 106.021(1) FS

LEASE PE

ORIGINAL APPOINTMENT [X] DEPUTY TREASURER [ ] REAPPOINTMENT OF TREASURER [ ] SECONDARY DEPOSITORY [ ]

111414541

111414541

Name: BEEHLER, THANE R
1555 WHISKEY CREEK DR
FORTMYERS FL 33919

Telephone (Daytime): 432-9477
Party (Partisan Candidates Only): N/A
Office Sought (include district, circuit or group number): HOSP BD, DIST 2

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

Name of Treasurer or Deputy Treasurer: BEEHLER, THANE R
1555 WHISKEY CREEK DR
FORTMYERS FL 33919

Name: Ma Telephone (Daytime): 432-9477

City: State: Zip Code:

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

Name of Bank: Wachovia
Street Address: 6360 Whiskey Creek Dr
City: FT MYERS County: Lee State: FL Zip Code: 33919

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

Signature of Candidate: X [Signature]
Date Signed: 7/11/06
Voter ID# or Date of Birth: 10/24/31

111414541 ACCEPTANCE OF APPOINTMENT
BEEHLER, THANE R
1555 WHISKEY CREEK DR
FORT MYERS FL 33919

I, [Signature], do hereby accept the appointment as [ ] Campaign Treasurer [X] Deputy Treasurer for the campaign of THANE BEEHLER (Name of Candidate)

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

HOSPITAL BOARD DIST 2 (Office Sought) As a duly registered voter in LEE County, 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 [Signature] Signature of Campaign Treasurer or Deputy Treasurer
7/11/06 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. Willful failure to file this form is a violation of FS 106.19(1)(c) and FS 106.25(3).

**STATEMENT OF CANDIDATE**

PLEASE PRINT  
111414541

BEEHLER, THANE R  
1555 WHISKEY CREEK DR  
FORT MYERS FL 33919

I, \_\_\_\_\_, a candidate for the office of  
Name of Candidate  
HOSPITAL BOARD DIST 2, have received, read, and  
Office Sought (included district, circuit, or group number)

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

X Thane R Beehler  
Signed Candidate

07/11/06  
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.

05 JUL 11 AM 11:14 SDE Lee Co FL

<p><b><u>MAIL TO:</u></b></p> <p>Lee County Elections Office P O Box 2545 Fort Myers FL 33902-2545</p>	<p><b><u>DELIVER IN PERSON:</u></b></p> <p>Lee County Elections Office 3rd Floor 2480 Thompson Street Fort Myers FL 33901</p>
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**SHARON L. HARRINGTON**  
Supervisor of Elections  
Lee County - Florida  
239 LEE VOTE  
239-533-8683