

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: BENJAMIN D. FISHMAN
 1. Address (include post office box or street, city, state, zip code): 6924 ERIN MARIE CT Ft. Myers, FL 3391

Telephone (optional): 433-1263
 2. Party (Partisan candidates only):
 3. Office (add district, circuit or group number): Hospital Board, District 2

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

4. Name of Treasurer or Deputy Treasurer: DOMENIC T. SCRICCA

5. Mailing Address (if post office box or drawer add street address): 10120 BERTRAM LANE
 6. Telephone: 437-9575

7. City: FT. MYERS
 8. County: LEE
 9. State: FL.
 10. Zip Code: 33919

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

11. Name of Bank: FIRST UNION BANK
 12. Street Address:

13. City: Ft. Myers
 14. County: Lee
 15. State: FL
 16. Zip Code: 33908

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

17. Signature of Candidate: [Signature] Date: 5/14/98

Campaign Treasurer's Acceptance of Appointment
 I, DOMENIC T. SCRICCA, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of BENJAMIN D. FISHMAN

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

HOSPITAL BOARD, DIST. 2 As a duly registered voter in LEE

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

Date: MAY 14 1998 Signature of Campaign Treasurer or Deputy Treasurer: [Signature]

RECEIVED
 MAY 14 1998
 CAMPAIGN TREASURER

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: BENJAMIN D. FISHMAN 1. Address (include post office box or street, city, state, zip code): 6924 ERINMARIE CT FM 33919

Telephone (optional): 433-1263 2. Party (Partisan candidates only): _____ 3. Office (add district, circuit or group number): HOSPITAL BOARD DIST #2

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

4. Name of Treasurer or Deputy Treasurer: BENJAMIN D FISHMAN

5. Mailing Address (if post office box or drawer add street address): 6924 ERINMARIE CT 6. Telephone: 433-1263

7. City: FORT MYERS 8. county: LEE 9. state: FL 10. Zip Code: 33919

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

11. Name of Bank: FIRST UNION BANK 12. Street Address: 15165 MCGREGOR BLVD

13. City: FORT MYERS 14. County: LEE 15. State: FL 16. Zip Code: 33908

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

17. Signature of Candidate: [Signature] Date: 5-15-98

Campaign Treasurer's Acceptance of Appointment

I, BENJAMIN D. FISHMAN, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of BENJAMIN D. FISHMAN

who is seeking nomination or election as a _____ candidate to the office of

HOSPITAL BOARD DIST #2 (Party) As a duly registered voter in LEE

County, Florida, I am qualified to accept this appointment.
5-14-98 Date [Signature] Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED SUPERVISOR OF ELECTIONS 11 AM

STATEMENT OF CANDIDATE

F.S. 106.023

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, stating that he has read and understands the requirements of this chapter.

STATEMENT OF CANDIDATE

I, BENJAMIN D. FISHMAN, candidate for the office of Hospital Board Dist #2, have received, read, and understand the requirements of Chapter 106, Florida Statutes.

Benjamin D. Fishman
Signature of Candidate:

5/14/98
Date:

This document must be signed and returned to the office of the Supervisor of Elections within 10 days.

Send to:

Qualifying Officer
Elections Office
Post Office Box 2545
Fort Myers, FL 33902

or

Return to:

Lee County Constitutional Complex
Elections Office-Third Floor
2480 Thompson Street
Fort Myers, FL 33901

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SUPERVISOR OF
ELECTIONS
MAY 14 11 40 AM '98

IF THERE ARE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CALL 339-6300.

**PHILINDA A. YOUNG
SUPERVISOR OF ELECTIONS**

DESIGNATION OF **DEPOSITORY** FOR CAMPAIGN FUNDS

First Union National
(Bank Name)
15165 McGregor Blvd S.W
(Address)
Fort Myers, FL 33908

May 14 19 98

This is to advise First Union National Bank ("First Union") that I am a candidate for nomination of election into office or an officer of a political committee for Hospital Board District #2 and that First Union National Bank has been designated by me (us) as a depository for funds of said candidate or political committee and is hereby authorized to accept, honor and pay without further inquiry on First Union's part, until First Union has actually received from me (us) written revocation of this authorization, all checks, drafts, and other orders for the payment or withdrawal of money (including checks drawn to the individual order of the undersigned), when signed in the name of the candidate or political committee by any Two of the following. (# of Signatures Required)

TITLE OF ACCOUNT:

Small Business Checking Benjamin D Fishman Campaign Account

AUTHORIZED SIGNATURES:

by Benjamin D Fishman

by Domenic T Scricca

Yours very truly,

[Signatures]

NOTARIZATION

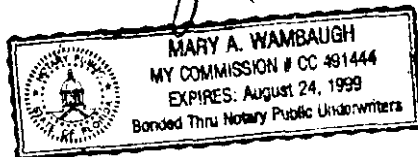
STATE OF Florida
COUNTY O F -

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SUPERVISOR OF
ELECTIONS
MAY 14 11 40 AM '98

The foregoing instrument was acknowledged before me this (date) by Benjamin D Fishman and Domenic T Scricca, who is personally known to me or who have produced Drivers License Florida, (type of identification) as identification.

Signature of Notary: [Signature]

Stamp:



(Photocopy as needed)