

**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)

**COPY**

Name of Candidate <b>KENNETH D. BOYLE</b>	1. Address (include post office box or street, city, state, zip code) <b>4830 E. RIVERSIDE DR. FT MYERS FL 33905</b>
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Telephone (optional) <b>694-0282</b>	2. Party (Partisan candidates only) <b>IND.</b>	3. Office (add district, circuit or group number) <b>COMMISSIONER DIST #2</b>
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I have appointed the following person to **act as** my  Campaign Treasurer  Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer  
**KENNETH D. BOYLE**

5. Mailing Address (A post office box or drawer add street address) <b>4830 E. RIVERSIDE DR.</b>	6. Telephone <b>694-0282</b>
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7. City <b>FT MYERS</b>	8. County <b>LEE</b>	9. state <b>FL</b>	10. Zip Code <b>33905</b>
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I have designated the following named bank as my  Primary Depository  Secondary Depository

11. Name of Bank <b>BARNETT BANK</b>	12. Street Address <b>1800 N. TANIA M FTR.</b>
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13. City <b>N. FT MYERS</b>	14. county <b>Lee</b>	15. State <b>FL</b>	16. Zip Code <b>33903</b>
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I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS.

17. Signature of Candidate <b>X</b> <i>Kenneth D. Boyle</i>	Date <b>1-14-98</b>
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**Campaign Treasurer's Acceptance of Appointment**

I, **KENNETH D. BOYLE**, do hereby accept the appointment as

(Please Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of **KENNETH D. BOYLE**

who is seeking nomination or election as a **IND.** candidate to the office of **COMMISSIONER DIST #2**

(Party)

As a duly registered voter in **Lee**

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

**1-14-98** Date **X** *Kenneth D. Boyle* Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED SUPERVISOR OF ELECTIONS JAN 1 1 26 PM '98

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)

COPY

Name of Candidate: KENNETH D. BOYCE 1. Address (include post office box or street, city, state, zip code): 4830 E. RIVERSIDE DR FT. MYERS FL. 33905

Telephone (optional): 694-0282 2. Party (Partisan candidates only): IND. 3. Office (add district, circuit or group number): COMMISSIONER DIST. #2

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

4. Name of Treasurer or Deputy Treasurer: LORI E. BOYCE

5. Mailing Address (if post office box or drawer add street address): 4830 E. RIVERSIDE DR. 6. Telephone: 694-0282

7. City: FT. MYERS 8. County: LEE 9. State: FL. 10. Zip Code: 33905

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

11. Name of Bank: BARNETT BANK 12. Street Address: 1800 N. TAMiami TR.

13. City: N. FT. MYERS 14. County: LEE 15. State: FL 16. Zip Code: 33903

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

17. Signature of Candidate: X Kenneth D. Boyce Date: 1-14-98

Campaign Treasurer's Acceptance of Appointment  
 I, LORI E. BOYCE, do hereby accept the appointment  
 (Please Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of KENNETH D. BOYCE  
 who is seeking nomination or election as a IND. candidate to the office of  
COMMISSIONER - DIST #2 (Party)  
 As a duly registered voter in LEE

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

1-14-98 Date X Lori E. Boyce Signature of Campaign Treasurer or Deputy Treasurer

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 ELECTIONS  
 JAN 14 6 PM '98

**STATEMENT OF CANDIDATE**

F.S. 106.023

001

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, KENNETH D. BOYCE, candidate for the office of COMMISSIONER - DIST # 2, have received, read, and understand the requirements of Chapter 106, Florida Statutes.

Kenneth D. Boyce  
Signature of Candidate:

1-14-98  
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  
JAN 14 1 26 PM '98

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

**PHILINDA A. YOUNG**  
**SUPERVISOR OF ELECTIONS**

# INDEPENDENT CANDIDATE AFFIDAVIT

(Sections 99.0955, F.S.)

(PLEASE TYPE)

COPY

JAN 14 1 16 '98

ELECTION

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I certify that I am an independent candidate for the office of

Lee Co. Commissioner — DIST. #2

(Include district or circuit and group number)

that I am unable to pay the qualifying fee which consists of a filing fee and election assessment for that office without imposing an undue burden on my personal resources or on resources otherwise available to me.

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

KENNETH D. BOYCE

Print Name of Candidate

Kenneth D. Boyce

Signature of Candidate

4830 E. RIVERSIDE DR.

Residence Address

(DO NOT USE POST OFFICE BOX)

FT. MYERS, FL 33905

City

State

Zip Code

ALTERNATIVE METHOD  
AFFIDAVIT

COPY

Undue Burden  
(Section 99.097(4), Florida Statutes)

I certify that I intend to **qualify** by **the** alternative method as a candidate of  
the IND. party for the office of

ice o Commissioner - DIST #2;  
(include group or district number)

that I am unable to pay the charges for verifying petitions as provided in Section  
99.097(4), F. S., for **that office** without imposing **an** undue burden on my **personal**  
resources or on resources otherwise available to me.

Kenneth A. Boyle  
Signature of Candidate

4030 E. RIVERSIDE DR.

Residence Address  
(Do not use Post Office Box)

FT Myers, FL. 33965  
City State Zip

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SUPERVISOR OF  
ELECTIONS  
JAN 14 1 26 PM '98

Sworn to and subscribed before me this 14 day of JAN, 1998.

Patsy R. Gass  
(Signature of Officer/Administering Oath or of Notary Public-State of Florida)

PATSY R. GASS  
(Print. Type, or Stamp Commissioned Name of Notary Public)

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

