

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 Steve Machiz		1. Address (include post office box or street, city, state, zip code) 5469 Beaujolais Lane, Ft. Myers, FL 33919	
Telephone (optional) (941) 482-5388	2. Party (Partisan candidates only) N/A	3. Office (add district, circuit or group number) Lee Memorial 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  
Philip C. Bennett

5. Mailing Address (if post office box or drawer add street address)  
3949 Evans Avenue #402

6. Telephone  
(941) 277-3950

7. City Fort Myers	6. County Lee	9. State FL	10. Zip Code 33901
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I have designated the following named bank as my  Primary Depository  Secondary Depository

11. Name of Bank  
South Florida Bank

12. Street Address  
2017 McGregor Blvd.

13. city Fort Myers	14. County Lee	15. State FL	16. Zip Code 33901
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I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS.

17. Signature of Candidate x <u>Steve Machiz</u>	Date 6-9-98
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RECEIVED SUPERVISOR OF ELECTIONS JUN 9 2 00 PM '98

Campaign Treasurer's Acceptance of Appointment

I, Philip C. Bennett, do hereby accept the appointment as  
 (Please Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of Steve Machiz  
 who is seeking nomination or election as a N/A candidate to the office of  
 (Party)

Lee Memorial Hospital Board, Dist #2 as duly registered voter in L e e  
 County, Florida, I am qualified to accept this appointment.

6/9/98 Date  [Signature] Signature of Campaign Treasurer or Deputy Treasurer

**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, Steve Machiz, candidate for the office of Lee Memorial Hospital Board, Dist #2, have received, read, and understand the requirements of Chapter 106, Florida Statutes.

Steve Machiz  
Signature of Candidate:

6-9-98  
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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IF THERE ARE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CALL 339-6300.

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