

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
 Section 106.021(1) FS

CHECK APPROPRIATE 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) BRIAN BIGELOW		Address (Include P O Box, street, city, state, zip code) PO. BOX 278 FORT MYERS, FL 33902
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Telephone (Daytime) 239 826 8600	Party (Partisan Candidates Only) REPUBLICAN	Office Sought (Include district, circuit or group number) LEE CO. COMMISSION, DISTRICT 2
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Name of Treasurer or Deputy Treasurer SAM SMALE	
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Mailing Address (If P O Box or drawer add street address) 2129 CLIFFORD ST.		Telephone (Daytime) (239) 462-4702	
City FORT MYERS	County LEE	State FL	Zip Code 33901

Name of Bank SUN TRUST		Street Address 2000 S. MAIN ST.	
City FORT MYERS	County LEE	State FL	Zip Code 33901

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

Signature of Candidate X	Date Signed 7/27/06	Voter ID# or Date of Birth 11/30/1963
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CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, **SAM SMALE**, do hereby accept the appointment as
(Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **BRIAN BIGELOW**
(Name of Candidate)

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

LEE COUNTY COMMISSIONER DISTRICT 2. 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.

X	7/27/06
Signature of Campaign Treasurer or Deputy Treasurer	Date Signed