

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

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

*14SEP05AM0928 SOE LEE Co FI

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: } 1 Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Tom Presbrey

3. Address (include post office box or street, city, state, zip code)

5828 Riverside Ln
Fort Myers FL 33919

4. Telephone

()

5. E-mail address

candidate.tom.presbrey@gmail.com

6. Office sought (include district, circuit, group number)

Lee Memorial Health System Board of Directors
Lee County Trauma Services District Board of Directors - District 2

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Danny Halvatzis

11. Mailing Address

8791 Conference Drive

12. Telephone

(239) 938-3500

13. City

Fort Myers

14. County

Lee

15. State

FL

16. Zip Code

33919

17. E-mail address

dhalvatzis@flrad.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

SunTrust Bank

20. Address

12751 New Brittany Blvd

21. City

Fort Myers

22. County

Lee

23. State

FL

24. Zip Code

33907

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

9-5-2014

26. Signature of Candidate

X Tom Presbrey

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Danny Halvatzis, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

9-5-2014

Date

X Danny Halvatzis

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

14SEP05AM09:28 SOE LEE CO FI

I, Tom Presbrey,

candidate for the office of Lee Memorial Hospital Board of Directors
District 2

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Tom Presbrey
Signature of Candidate

9-5-2014
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).