

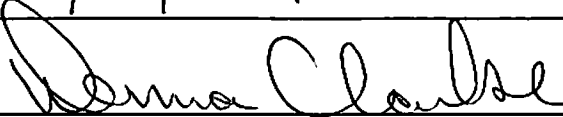
REVISED
6/25/14

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

LEECOUNTYSUPERVISOROF ELECTIONS

Candidate Name	DONNA CLARKE		
Residence Address	1313 SHADOW LANE		
City and Zip Code	FORT MYERS 33901		
Mailing Address	<input type="checkbox"/> Check if same as above.		<input checked="" type="checkbox"/> Check if different from residence.
	P.O. BOX 542		
	FORT MYERS 33902		
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	941-683-8078		
Email Address	DONNA CLARKE 2014 @ GMAIL.COM		
Office Sought	LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS		
Area, District, Group or Seat #	DISTRICT 2		
<p>➤ Judicial, School Board, Supervisor of Elections, and Special District Offices such as Community Development, Fire, Health System, Library and Mosquito Control are non-partisan offices. A candidate for any of these offices, must indicate "non-partisan" on the line below.</p> <p>➤ A candidate for a Constitutional Office or County Commission may file partisan or "No Party Affiliation" (NPA) and shall indicate a political party affiliation or "No Party Affiliation" on the line below.</p>			
➤ Political Party For Office Sought	NON - PARTISAN		
Date Of Birth or Voter Registration ID #	100170529		
Date	6/25/2014		
Candidate Signature			

All candidate-qualifying documents and campaign finance reports will be posted at the Lee County Supervisor of Elections website www.leeelections.com or use the following link: http://www.precinctfind.com/cand_lee2.html. Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. Do not hesitate to contact this office at (239) LEE-VOTE (239-533-8683) for more information about becoming a candidate for public office.

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

*14JUN25AM1105 SUE LEE COPI

I, DONNA CLARKIE,

candidate for the office of LEE MEMORIAL HEALTH SYSTEM;
BOARD OF DIRECTORS, DISTRICT 2
have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Donna Clarkie
Signature of Candidate

6/25/2014
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).

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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

SCANNED

*14JUL02PH0401 SDE LEE COP1

REVISED
7/2/14

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

DOWNA CLARKE

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

P.O. Box 542
FORT MYERS, FL
33902

4. Telephone

(941) 685-8078

5. E-mail address

DONNA.CLARKE2014@GMAIL.COM

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

LEE MEMORIAL HEALTH SYSTEM
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

CLARA J. CALLAHAN

11. Mailing Address

14771 HOLE IN CIRCLE #105

12. Telephone

(239) 482-5160

13. City

FT. MYERS

14. County

LEE

15. State

FL

16. Zip Code

33919

17. E-mail address

CLACAL@COMCAST.NET

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

EDISON NATIONAL BANK

20. Address

13000 SOUTH CLEVELAND AVE,

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

7/2/2014

26. Signature of Candidate

Downa Clarke

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

I, CLARA J. CALLAHAN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

7-2-2014

Date

Clara J. Callahan

Signature of Campaign Treasurer or Deputy Treasurer

SCANNED

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

14 JUL 02 PM 04:01 SOE LEE CDFI

REVISED 7/2/14

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: Treasurer/Deputy Depository Office Party

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

DONNA CLARKE

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

P.O. BOX 542

FORT MYERS, FL 33902

4. Telephone

(941) 685-8078

5. E-mail address

DONNACLARKE2014@gmail.com

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

LEE MEMORIAL HEALTH SYSTEM 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

DONNA CLARKE

11. Mailing Address

P.O. BOX 542

12. Telephone

(941) 685-8078

13. City

FT. MYERS

14. County

LEE

15. State

FL

16. Zip Code

33902

17. E-mail address

DONNACLARKE2014@gmail.com

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

19. Name of Bank

EDISON NATIONAL BANK

20. Address

13000 SOUTH CLEVELAND AVE.

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

7/2/2014

26. Signature of Candidate

X Donna Clarke

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

I, DONNA CLARKE, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

7/2/2014 Date

X Donna Clarke Signature of Campaign Treasurer or Deputy Treasurer

SCANNED

LEE COUNTY—FLORIDA
AFFIDAVIT OF INTENT
SPECIAL DISTRICT CANDIDATE

14JUN15PM0227 SDE LEE CO-F-1

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

State of Florida
County of Lee

I, JONNA CLARKE, am a candidate for the independent special
(print name)

district office of:

LEE MEMORIAL HEALTH SYSTEM DISTRICT 2
(include district name AND .district, seat, area or group #)

in the November 4, 2014 General Election. I declare that my only campaign expense, from personal funds, shall be the \$25 candidate-qualifying fee OR the signature verification fee for candidates who qualify by the candidate-petition method by submitting the valid signatures of 25 registered voters residing within the District boundaries.

Provided that this is my only campaign expense, I will not be required to: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07. I understand that I am prohibited from expending, collecting, soliciting, or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any additional campaign expense, I understand that prior to doing so, I am required to file Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports, as required by Florida Statute §106.07, with the Lee County Supervisor of Elections.

X Jonna Clarke
Signature of Candidate

6/19/14
Date

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository.
History 2007 HB537, FS 99.061, FS 106.021 Revised-03/11/14 (Lee County Special District Forms)

SCANNED

OFFICE USE ONLY

1 JUN 15 PM 02:27 SDE LEE CO FL

(Revised 03/31/14)

CANDIDATE OATH

LEE MEMORIAL HEALTH SYSTEM
LEE COUNTY TRAUMA SERVICES
BOARD OF DIRECTORS
NONPARTISAN OFFICE

Lee Memorial Health System candidates must use this Candidate Oath for candidate-qualifying purposes.

OATH OF CANDIDATE

(Sections 99.021, 105.031, 876.05-876.10, Florida Statutes; Laws of Florida 2000-439)

I, DONNA CLARKE
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS, 2
(office) (district #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I am a qualified elector of Lee County, Florida and I seek election to the Lee Memorial Health System and Lee County Trauma Services Board of Directors. I am a legal resident of Lee County, Florida and of the county health system district in Lee County to which I seek election. I am a citizen of the United States of America; I have not violated any of the laws of the state relating to electors and to the registration of electors.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X Donna Clarke (239) 332-8629 DONNACLARKE FOR LM HOSPITAL
Signature of Candidate Telephone Number Email Address @GMAIL.COM

P.O. Box 542 Fort Myers Florida 33902
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 100170529

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

DON-NA CL-ARK

STATE OF FLORIDA

COUNTY OF LEE

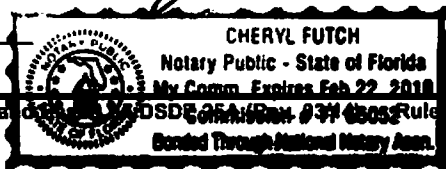
Sworn to (or affirmed) and subscribed before me this 19 day of June, 2014.

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced: FLDL

Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



FORM 1

STATEMENT OF

2013

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME:

CLARK DONNA LOUISE

MAILING ADDRESS:

P.O. Box 542

CITY: ZIP: COUNTY:

Fort Myers 33902 LEE

NAME OF AGENCY:

LEE MEMORIAL HEALTH SYSTEM - LEE COUNTY TRAUMA SERVICES

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

BOARD of DIRECTORS DISTRICT 2

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

RECEIVED
 JAN 15 2014
 14JAN15PM0227SCELE
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NOL

****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SOCIAL SECURITY		
FLORIDA STATE RETIREMENT		
DCE, INC	P.O. Box 542, FORT MYERS, FL 33902	CONSULTING

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

N/A

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions)
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES (Major debts - See instructions)
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	DCE, INC.	
ADDRESS OF BUSINESS ENTITY	P.O. Box 542 Ft Myers, FL 33902	
PRINCIPAL BUSINESS ACTIVITY	CONSULTING	
POSITION HELD WITH ENTITY	PRESIDENT	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	
NATURE OF MY OWNERSHIP INTEREST	100%	

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

Donna Clouse

6/19/14

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment

or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.