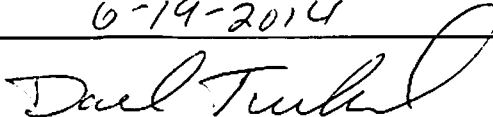


OK

## LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL REVISED

14 JUN 2014 04:45 SUE LEE

Candidate Name	David H. Turkel		
Residence Address	17651 Cypress Creek		
City and Zip Code	Alva, FL 33920		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	239-850-0041		
Email Address	dturkel@dturkel.com		
Office Sought	Lee Memorial Health System Board of Directors		
Area, District, Group or Seat #	District 4		
<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 #	02/26/1957		
Date	6-19-2014		
Candidate Signature			

All candidate-qualifying documents and campaign finance reports will be posted at the Lee County Supervisor of Elections website [www.leeelections.com](http://www.leeelections.com) or use the following link: [http://www.precinctfind.com/cand\\_lee2.html](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.

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

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

(PLEASE PRINT OR TYPE)

'14JUN23AM0924 SUE LEE COFI

**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)**

David H. Turkel

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

17651 Cypress Creek  
Alva, FL 33920

**4. Telephone**

(239) 850-0041

**5. E-mail address**

dturkel@dturkel.com

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

Lee Memorial Health System Board of  
Directors, District 4

**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**

Cora Blokzyl

**11. Mailing Address**

2518 Everest Pkwy.

**12. Telephone**

(239) 734-1959

**13. City**

Cape Coral

**14. County**

Lee

**15. State**

FL

**16. Zip Code**

33904

**17. E-mail address**

cstill@radiologyregional.com

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

**19. Name of Bank**

FineMark National Bank

**20. Address**

12681 Creekside Lane

**21. City**

Fort Myers

**22. County**

Lee

**23. State**

FL

**24. Zip Code**

33919

**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**

6-23-2014

**26. Signature of Candidate**

*David H. Turkel*

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

I, Cora Blokzyl, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/23/14

Date

*Cora Blokzyl*

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

14JUN2019 09:45:59 ELEC001

I, David H. Turkel David H. Turkel  
Lee Memorial Health System Board of Directors  
candidate for the office of Lee Memorial Health System Board of Directors ;  
District 4  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X David Turkel  
Signature of Candidate

6-19-2015  
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).

(Revised 03/31/14)

OFFICE USE ONLY

**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.

14JUN2014 09:45:01

**OATH OF CANDIDATE**

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

I, David H. Turkel David H. Turkel  
(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 . 44  
(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.

<u>X</u> <u>David Turkel</u>	<u>239 850-0041</u> (239) 850-0041	<u>dturkel@dturkel.com</u> <u>dturkel@dturkel.com</u>
Signature of Candidate	Telephone Number	Email Address
<u>17651 Cypress Creek</u>	<u>Alva</u>	<u>FL</u>
<u>17651 Cypress Creek</u>	<u>Alva</u>	<u>FL</u>
Address	City	State
		<u>33920</u> <u>33920</u>
		ZIP Code

111682929

Candidate's Florida Voter Registration Number (located on your voter information card): 111682929

\* 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):

day-VID tur-KEL day-VID tur-KEL

STATE OF FLORIDA  
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 19<sup>th</sup> day of June, 2014.

Personally Known: X or



SHARON A. SALOMAA  
MY COMMISSION # EE 133804  
EXPIRES: October 22, 2015  
Bonded thru Budget Notary Services

Sharon A. Salomaa

Produced Identification: \_\_\_\_\_

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

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

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Turkel David Howard

MAILING ADDRESS :

17651 Cypress Creek

CITY : Alva ZIP : 33920 COUNTY : Lee

NAME OF AGENCY : Lee Memorial Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Board of Director, District 4

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

14JUN2013 09:44 SCE LEE OH-1

\*\*\*\* 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
Radiology Regional Center	3660 Broadway, Fort Myers, FL 33901	Healthcare

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
Frog Helicopter Inc.	Owner	17651 Cypress Creek Alva, FL	Aviation

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

17651 Cypress Creek Rd, Alva, FL 17721 Cypress Creek Rd.  
 2260 First St, # 210, Parcel in Lee 20-24-27-00-00011.002C  
 1/2 Owner Lee Cty Parcel 29-44-21-00-00001.002A CAYOCOSTA  
 1810 CR 78 Labelle (Hendry County) 4 Parcels = 135 Acres

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.

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

Vote

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Wells Fargo Accts \$567,947	Personal
ANZ Accts ~ 650,000 us	
Charles Schwab Accts ~ 600,000	PROSP

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

14 JUN 2014 09:46:50 EET CDFI

**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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	Frog Helicopters Inc.	
ADDRESS OF BUSINESS ENTITY	17651 Cypress Creek Wy	
PRINCIPAL BUSINESS ACTIVITY	Aviation	
POSITION HELD WITH ENTITY	owner/pilot	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	
NATURE OF MY OWNERSHIP INTEREST	owner/operator	

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

**SIGNATURE (required):**

**DATE SIGNED (required):**

David Turkel

6-19-2014

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.

OK ✓

# LEE COUNTY—FLORIDA AFFIDAVIT OF INTENT SPECIAL DISTRICT CANDIDATE

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, David H. Turkel, am a candidate for the independent special  
(print name)

district office of:

Lee Memorial Health System Board of Directors District 4  
(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** David Turkel  
Signature of Candidate

6-19-2014  
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)