

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

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

(PLEASE PRINT OR TYPE)

13 JUN 2014 10:54 BUE LEE COF-1

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)

Nancy M Mc Govern

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

*785 Entrada Drive South
Fort Myers, FL 33919*

4. Telephone

(239) 550-1539

5. E-mail address

nmemcgo@aol.com

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

Hospital Board, Dist. 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

Maureen McGovern

11. Mailing Address

1302 Poinciana

12. Telephone

(239) 822-3295

13. City

Fort Myers

14. County

Lee

15. State

FL

16. Zip Code

33901

17. E-mail address

maureenmcgovern@yahoo.com

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

19. Name of Bank

Edison National

20. Address

13008 S. Cloud Road Ave. Ft My, FL 33907

21. City

Fort Myers

22. County

Lee

23. State

Florida

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

06/27/2014

26. Signature of Candidate

X [Signature]

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

I, *Maureen Mc Govern*, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

6/27/14
Date

X Maureen Mc Govern
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

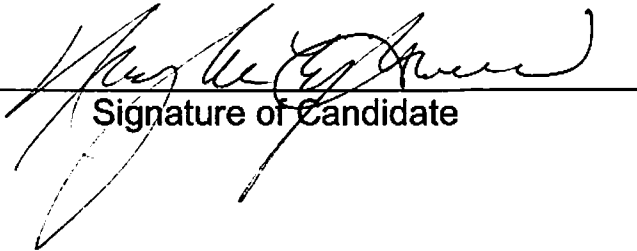
OFFICE USE ONLY

14 JUL 02 AM 10:34 SDE LEE CO FL

I, Nancy M M Cowles Health,
Lee Memorial Hospital
candidate for the office of Hospital Board, District 2;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X


Signature of Candidate

06/20/2014
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).