


03/30/2014

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

Candidate Name	JOHN E. MANNING		
Residence Address	1200 S.W. 52ND TERRACE		
City and Zip Code	CAPE CORAL, FLORIDA 33914		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.	<input type="checkbox"/> Check if different from residence.	
Telephone Number(s)	<input type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	239-549-8053		239-313-1182
Email Address	JEMANNING59@GMAIL.COM		
Office Sought	COUNTY COMMISSION		
Area, District, Group or Seat #	DISTRICT 1		
<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	REPUBLICAN		
Date Of Birth or Voter Registration ID #	# 111496473		
Date	5/26/15		
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.

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.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

JOHN E. MANNING

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

1200 S.W. 52ND TERRACE CAPE CORAL, Florida 33914

4. Telephone

(239) 549-8053

5. E-mail address

JEMANNING59@gmail.com

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

COUNTY COMMISSION DISTRICT 1

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 [X] REPUBLICAN Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

YVONNE WERLINE C/O KEVIN M. BURN'S & ASSOC. P.A. (YVONNE WERLINE)

11. Mailing Address

4507 S.E. 16TH PLACE

12. Telephone

(239) 542-1976

13. City

CAPE CORAL

14. County

Lee

15. State

FL.

16. Zip Code

33904

17. E-mail address

YVONNE@KMB CPA.COM

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

19. Name of Bank

BANK OF AMERICA

20. Address

407 CAPE CORAL PARKWAY, WEST

21. City

CAPE CORAL

22. County

Lee

23. State

FL.

24. Zip Code

33914

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

5/26/15

26. Signature of Candidate

[X] John E. Manning

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

I, Yvonne C. Werline, do hereby accept the appointment (Please Print or Type Name)

designated above as: [X] Campaign Treasurer [] Deputy Treasurer.

5/26/15 Date

[X] Signature of Campaign Treasurer or Deputy Treasurer

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JOHN E. MANNING

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

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CAPE CORAL, FL. 33914

4. Telephone

(239) 549-8053

5. E-mail address

JEMANNING59@gmail.com

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

COUNTY COMMISSION, DISTRICT #1

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[] 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 [X] REPUBLICAN Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

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25. Date

5/26/15

26. Signature of Candidate

[X] John E. Manning

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

I, JOHN E. MANNING, do hereby accept the appointment (Please Print or Type Name)

designated above as: [] Campaign Treasurer [X] Deputy Treasurer.

5/26/15 Date

[X] John E. Manning Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, JOHN E. MANNING,

candidate for the office of COUNTY COMMISSIONER, DISTRICT 1;

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

X John E. Manning
Signature of Candidate

5/26/15
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).