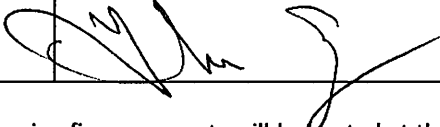


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

Candidate Name	Therese Everly		
Residence Address	5506 SW 11th Place		
City and Zip Code	Cape Coral 33914		
Mailing Address	<input type="checkbox"/> Check if same as above.	<input checked="" type="checkbox"/> Check if different from residence.	
	P.O. Box 100082		
	Cape Coral, FL 33910		
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	239-945-1648		
Email Address	ThereseEverly4hospitalboard@gmail.com		
Office Sought	LEE MEMORIAL HEALTH SYSTEM / LEE COUNTY TRAUMA SERVICES DISTRICT BOARD OF DIRECTORS		
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	non-partisan		
Date Of Birth or Voter Registration ID #	* EST 111509683		
Date	9/4/15		
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.

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, Therese Everly ,

candidate for the office of Lee Memorial Health System Board of directors Lee County Trauma Services District Board of Directors-District 1 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.


Signature of Candidate

9/4/15
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).

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):

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

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

Therese, Everly

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

PO Box 100082
Cape Coral, Fl. 33910

4. Telephone

(239) 945-1648

5. E-mail address

ThereseEverly4hospitalboard@gmail.com

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

Lee Memorial Health System and Lee County Trauma District Board of Directors - 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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Therese Everly

11. Mailing Address

PO Box 100082

12. Telephone

(239) 945-1648

13. City

Cape Coral

14. County

Lee

15. State

FL

16. Zip Code

33910

17. E-mail address

ThereseEverly4hospitalboard@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 S Cleveland Ave

21. City

Fort Myers

22. County

Lee

23. State

FL

24. Zip Code

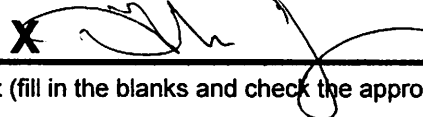
33907

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

9/4/15

26. Signature of Candidate



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

I, Therese Everly, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

9/4/15

Date



Signature of Campaign Treasurer or Deputy Treasurer