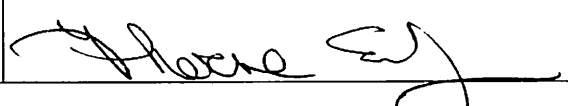


# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

<b>Candidate Name</b>	Therese Everly		
<b>Residence Address</b>	PO Box 100082		
<b>City and Zip Code</b>	Cape Coral FL 33910		
<b>Mailing Address</b>	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
<b>Telephone Number(s)</b>	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	239-945-1648		
<b>Email Address</b>	ThereseEverly4hospitalboard@gmail.com		
<b>Office Sought</b>	Lee Memorial Health System/ Lee County Trauma Service District Board of Directors		
<b>Area, District, Group or Seat #</b>	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>			
➤ <b>Political Party For Office Sought</b>	non-partisan		
<b>Date Of Birth or Voter Registration ID #</b>	111509683		
<b>Date</b>	1/26/16		
<b>Candidate Signature</b>			

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.

**STATEMENT OF CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

**OFFICE USE ONLY**

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**

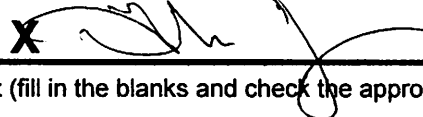
33907

**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**


X 

**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

X   
Signature of Campaign Treasurer or Deputy Treasurer