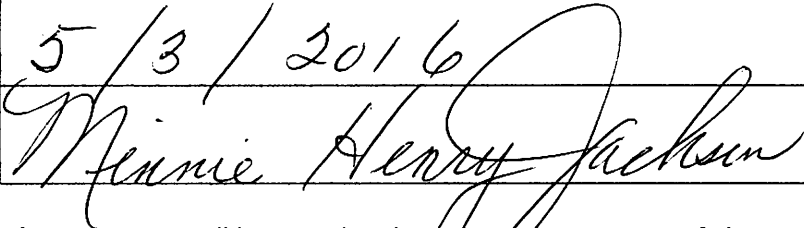


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

Candidate Name	MINNIE HENRY JACKSON		
Residence Address	2604 SAINT CHARLES ST		
City and Zip Code	FORT MYERS FL 33916		
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 checked="" type="checkbox"/> Alternate (list below)
	239-745-5125		239-334-8267
Email Address	DELTAMINI@AOL.COM		
Office Sought	Lee Memorial Hospital Board		
Area, District, Group or Seat #	District 5		
<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 #	03/29/1946		
Date	5/3/2016		
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.

16MAY03PM0117 SDEL Lee Co-F-1

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)

MINNIE HENRY JACKSON

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

2604 SAINT CHARLES STREET
FORT MYERS FL 33916

4. Telephone

(239) 745-5125

5. E-mail address

DELTAMINI@AOL.COM

6. Office sought (include district, circuit, group number)
LEE MEMORIAL HOSPITAL BOARD DISTRICT 5

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

WILLIE J JACKSON

11. Mailing Address

2604 SAINT CHARLES ST

12. Telephone

(239) 334-8267

13. City

FORT MYERS

14. County

LEE

15. State

FL

16. Zip Code

33916

17. E-mail address

JACKSONW01@AOL.COM

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

19. Name of Bank

BANK OF AMERICA

20. Address

2850 WINKLER AVENUE

21. City

FORT MYERS

22. County

LEE

23. State

FL

24. Zip Code

33916

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

5/3/2016

26. Signature of Candidate

Minnie Henry Jackson

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

I, WILLIE J JACKSON, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

05/03/2016

Date

Willie Jackson

Signature of Campaign Treasurer or Deputy Treasurer

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)

MINNIE HENRY JACKSON

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

2604 SAINT CHARLES STREET
FORT MYERS FL 33916

4. Telephone

(239) 745-5125

5. E-mail address

DELTAMINI@AOL.COM

6. Office sought (include district, circuit, group number)
LEE MEMORIAL HOSPITAL BOARD DISTRICT 5

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

MALTORIA W CHANCEY

11. Mailing Address

840 ZANA DRIVE

12. Telephone

(239) 693-0511

13. City

FORT MYERS

14. County

LEE

15. State

FL

16. Zip Code

33905

17. E-mail address

CHANCEYM@EMBARQMAIL.COM

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

19. Name of Bank
BANK OF AMERICA

20. Address
2850 WINKLER AVENUE

21. City
FORT MYERS

22. County
LEE

23. State
FL

24. Zip Code
33916

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
5/3/2016

26. Signature of Candidate
 Minnie Henry Jackson

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

I, MALTORIA W CHANCEY, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5-3-2016
Date

Maltoria W Chancey
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY
*16MAY03PM0117 SDE L#C#F1

I, MINNIE HENRY JACKSON,

candidate for the office of Lee Memorial Hospital Board Dist. 5 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Minnie Henry Jackson
Signature of Candidate

5/3/2016
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).