



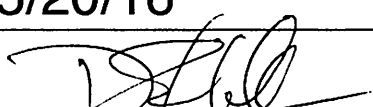
# LEE COUNTY ELECTIONS

'16MAY20AM1147SUELee CoFl

## CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

<b>Candidate Name</b>	David F Collins		
<b>Residence Address</b>	6458 Griffin Blvd		
<b>City and Zip Code</b>	Fort Myers, 33908		
<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)
	239-826-3345		
<b>Campaign Email Address</b>	davidcollinsforlmhospitalboard@gmail.com		
<b>Campaign Website</b>			
<b>Office Sought</b>	LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS LEE COUNTY TRAUMA SERVICES DISTRICT BOARD OF DIRECTORS - DISTRICT 3		
<b>Area, District, Group or Seat #</b>	District 3		
<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>	111537103		
<b>Date</b>	05/20/16		
<b>Candidate Signature</b>			

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website [www.lee.vote](http://www.lee.vote) or visit the following link: <http://www.lee.vote/campaigns/candidate-packets/> and <http://www.lee.vote/campaigns/candidate-finance-reports/>. 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)

I, David F Collins,

candidate for the office of LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS LEE COUNTY TRAUMA SERVICES DISTRICT BOARD OF DIRECTORS - DISTRICT 3;

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

X   
Signature of Candidate

05/20/16  
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).

\*16MAY20AM1147 SOE Lee Co Fl

**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)  
David F Collins

3. Address (include post office box or street, city, state, zip code)  
6458 Griffin Blvd., Fort Myers, FL 33908

4. Telephone  
(239 ) 8263345

5. E-mail address  
davidcollinsforlmhospitalboard@gmail.com

6. Office sought (include district, circuit, group number)  
LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS LEE COUNTY TRAUMA SERVICES  
DIST. 3

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  
David F Collins

11. Mailing Address  
6458 Griffin Blvd

12. Telephone  
( 239 ) 8263345

13. City  
Fort Myers

14. County  
Lee

15. State  
FL

16. Zip Code  
33908

17. E-mail address  
DAVID COLLINS FOR LMHOSPITAL BOARD@gmail.com

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

19. Name of Bank  
Florida Community Bank

20. Address  
7900 Summerlin Lakes Blvd

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  
05/20/16


26. Signature of Candidate  
 

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

I, David F Collins, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

05/20/16  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer