

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL REVISED
(PLEASE CHECK ONE)

Candidate Name	TONY ALLEN		
Residence Address	3780 DOWNWIND LANE		
City and Zip Code	N. FT. MYERS, FL 33917		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239 229-8526	OR	
Email Address	TONY FOR DISTRICT 4 @ AOL.COM		
Office Sought	LEE COUNTY COMMISSIONER		
Area, District, Group Or Seat Number	DISTRICT 4		
Political Party (if applicable for office sought)	REPUBLICAN		
Date Of Birth Or Voter ID #	111706564		
Date	2/6/10		
Candidate Signature	X <i>Tony Allen</i>		

*10FEB08PM1047 SDE Lee Co Fl

All information on this form becomes a
public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

OFFICE USE ONLY

(PLEASE PRINT OR TYPE)

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

TONY ALLEN

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

3780 DOWNWIND LANE
N. FT. MYERS, FL 33917

4. Telephone (optional)

(239) 229-8526

5. E-mail address (optional)

TONY FOR DISTRICT 4@ADL.COM

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

LEE COUNTY COMMISSIONER
DISTRICT 4

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 REPUBLICAN Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

TONY ALLEN

11. Mailing Address (If post office box or drawer, also include street address)

3780 DOWNWIND LN

12. Telephone

(239) 229-8526

13. City

N. FT. MYERS

14. County

LEE

15. State

FL

16. Zip Code

33917

17. E-mail address (optional)

TONY FOR DISTRICT 4@ADL.COM

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

19. Name of Bank

BANK OF AMERICA

20. Street Address

DEL TURA PLAZA
18900 CLEVELAND AVE

21. City

N. FT. MYERS

22. County

LEE

23. State

FL

24. Zip Code

33917

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

2/6/10

26. Signature of Candidate

X Tony Allen

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

I, TONY ALLEN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/6/10

Date

X Tony Allen

Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, TONY ALLEN,

candidate for the office of LEE COUNTY COMMISSIONER, DISTRICT 4;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X *Tony Allen*
Signature of Candidate

2/6/2010
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).