



*18EEFB20PM0314 SOE Lee Co FI

LEE COUNTY ELECTIONS

CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

Candidate Name	Donna Clarke		
Residence Address	1343 Shadow Lane		
City and Zip Code	Fort Myers 33901		
Mailing Address	<input type="checkbox"/> Check if same as above.		<input checked="" type="checkbox"/> Check if different from residence.
	P.O. Box 542		
	Fort Myers 33902		
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input checked="" type="checkbox"/> Alternate (list below)
	2393328629		9416858078
Campaign Email Address	CLARKELEEHEALTH@gmail.com		
Campaign Website			
Office Sought	Lee Memorial Health System Board of Directors		
Area, District, Group or Seat #	District 2		
<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 #	100170529		
Date	2/20/2018		
Candidate Signature			

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website 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.

OFFICE USE ONLY

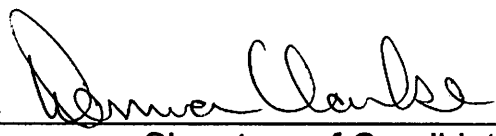
STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

I, Donna Clarke ,

candidate for the office of Lee Memorial Health System Board of Directors, Dist 2 ;

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

X 
Signature of Candidate

2/20/2018
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).

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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)

Donna Clarke

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

P.O. Box 542
Fort Myers, FL, 33902

4. Telephone

(239) 332-8629

5. E-mail address

CLARKELEEHEALTH@gmail.com

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

Lee Memorial Health System Board of Directors, Dist. 2

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

Donna Clarke

11. Mailing Address

P.O. Box 542

12. Telephone

(239) 332-8629

13. City

Fort Myers

14. County

Lee

15. State

FL

16. Zip Code

33902

17. E-mail address

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Edison Bank

20. Address

21. City

Fort Myers

22. County

Lee

23. State

FL

24. Zip Code

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

2/20/2018

26. Signature of Candidate



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

I, DONNA CLARKE, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/20/2018
Date


Signature of Campaign Treasurer or Deputy Treasurer