

**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)

Randy A Scott

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

343 Hazelwood Ave S  
Lehigh Acres, FL 33936

**4. Telephone**

(239 ) 3007007

**5. E-mail address**

leehealth@randyscott.us

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

LEE MEMORIAL HEALTH SYSTEM 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     \_\_\_\_\_ Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

Randy A Scott

**11. Mailing Address**

343 Hazelwood Ave S

**12. Telephone**

( 239 ) 3007007

**13. City**

Lehigh Acres

**14. County**

Lee

**15. State**

FL

**16. Zip Code**

33936

**17. E-mail address**

leehealth@randyscott.us

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

**19. Name of Bank**

Sun Trust Bank

**20. Address**

1110 Homestead Rd N

**21. City**

Lehigh Acres

**22. County**

Lee

**23. State**

Florida

**24. Zip Code**

33936

**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:**

June 23, 2018

**26. Signature of Candidate**



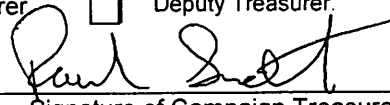
**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Randy A Scott, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

June 28, 2018

Date



Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)


(Please print or type)

I, Randy A Scott ,

candidate for the office of LEE MEMORIAL HEALTH SYSTEM 4 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X   
Signature of Candidate

June 28, 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).