

## CANDIDATE CAMPAIGN FILE COVER SHEET

	LEE COUNTY				
	ELECTION				
CANDIDATE	CAMPAIGN FILE CO	VE	R SHEET REVISED		
ORIGINAL	REVISED S				
Candidate Name	Michael J. Dreikorn				
Residence Address	5697 Bay Point Rd				
City and Zip Code	Bokeelia, FL 33922				
Mailing Address	Check if same as above.	Chec	k if different from residence.		
Telephone Number(s)	Daytime (list below) 239.283.2839	OR	Alternate (list below)		
Campaign Email Address	md@MichaelDreikorn.com				
Campaign Website					
Office Sought	BOC COMMISSIONERS				
Area, District, Group or Seat #	Lee County District 1				
<ul> <li>Judicial, School Board, Supervisor of Election System, Library and Mosquito Control are in partisan" on the line below.</li> <li>A candidate for a Constitutional Office or Confidence indicate a political party affiliation or "No P</li> </ul>	on-partisan offices. A candidate for a ounty Commission may file partisan o	ny of t	these offices, must indicate <b>"non-</b>		
→ Political Party for Office Sought	Republican				
Incumbent	□Yes		■No		
Date of Birth or Voter Registration ID #	05 Aug 1961				
Candidate Signature & Date	14. 7. 2		01/01/2019		

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

#### **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 officer before opening the							OFFICE	USE	S ONLY
1. CHECK APPROPRIATE BOX(ES):    Initial Filing of Form Re-filing to Change:   Treasurer/Deputy   Depository   Office   Rearty									
2. Name of Candidate (in this order: First, Middle, Last)			3. /	3. Address (include post office box or street, city, state, zip					
Michael John Dreikorn			1 000	code) □ P.O.B. 654					
4. Telephone	5. E-mail address	•	Bokeelia, FL 33922						
(239 ) 283-2839	md@MichaelD	reikorn.com	1						
6. Office sought (include district, circuit, group number)  Lee County Board of Commissioners, District 1  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 fo	llowing person to	act as my	X C	Campaign Treas	surer [	Deputy	/ Treasure	r	
10. Name of Treasurer or D	eputy Treasurer								
Michael J. Dreikorn									
•	11. Mailing Address  12. Telephone								
P.O.B. 654				( 239 ) 898-7660					
13. City	14. County	15. Sta			_				
Bokeelia	Lee	FL	33922   md@MichaelDreikorn.com   Secondary Depository   Secondary Depository						
18. I have designated the	tollowing bank as	s my		mary Depositor	y	condai	y Deposito	эгу ———	
19. Name of Bank 20. Address Centennial Bank 5551 Sunset Lane									
Centennial Bank	22.00		2221				04 7in 0		
21. City St James City	22. Cou	rity		23. State			24. Zip Co 33956	Jue	
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			26. Si	gnature of Can	didate				
01/01/2019			X	W	7				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
I,, do hereby accept the appointment									
(Please Print or Type Name)									
designated above as:   Campaign Treasurer Deputy Treasurer.									
01/01/2019 X									
Date Sgn <del>ature</del> of Campaign Treasurer or Deputy Treasurer									

# STATEMENT OF CANDIDATE

OFFICE USE ONLY

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

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candidate for the office of Lee Co. Board of Commissioners, Dist 1; have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

Signature of Candidate

01/01/2019 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).

### Michael J. Dreikorn, Ed.D

5697 Bay Point Rd. Bokeelia, FL 33922

tel.: 239.283.2839 md@MichaelDreikorn.com

Hon. Tommy Doyle Lee County Supervisor of Elections P.O Box 2545 Fort Myers, FL 33902-2545

January 01, 2019

### Ref: Initial Filing for LeeCo BoC, Dist 1

Dear Mr. Doyle:

I am honored to submit the enclosed documents as my initial filing as a candidate for the Lee County Board of Commissioners, District 1 for the 2020 election.

Best Regards,

Michael Dreikorn, Ed.D.

Michael Pfeikoff | Hold Pland | III | III

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02 JAN 2019 PN 6 L



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Lee County Supervisor of Elections P.O Box 2545 Fort Myers, FL 33902-2545

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