



LEE COUNTY ELECTIONS

19 JAN 09 PM 04:05 SOE Lee Co FL

CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

| | | | |
|---|--|--|---|
| Candidate Name | James A. Leavens | | |
| Residence Address | 36690 WHISPERING PINES RD. | | |
| City and Zip Code | PUNTA GORDA, FL 33982 | | |
| Mailing Address | <input type="checkbox"/> Check if same as above. | <input checked="" type="checkbox"/> Check if different from residence. | |
| | 36690 WHISPERING PINES RD. | | |
| | N. FT. MYERS, FL 33917 | | |
| Telephone Number(s) | <input checked="" type="checkbox"/> Daytime (list below) | OR | <input type="checkbox"/> Alternate (list below) |
| | 239 6334612 | | |
| Campaign Email Address | TBA JamesLeavens@gmail.com | | |
| Campaign Website | TBA | | |
| Office Sought | LEE COUNTY SHERIFF | | |
| Area, District, Group or Seat # | | | |
| <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 | REPUBLICAN | | |
| Date of Birth or Voter Registration ID # | 08-24-1962 | | |
| Date | 01-03-2019 | | |
| Candidate Signature | James A. Leavens | | |

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.

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):

[X] Initial Filing of Form Re-filing to Change: [] Treasurer/Deputy [] Depository [] Office [] Party

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

JAMES A. LEAVENS

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

36690 Whispering Pines Rd. N. Ft. Myers, Fl. 33917

4. Telephone

239 1633-4612

5. E-mail address

JamesALeavens@gmail.com

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

LEE COUNTY SHERIFF

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 [X] REPUBLICAN Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

JAMES A. LEAVENS

11. Mailing Address

36690 Whispering Pines Rd.

12. Telephone

239 1633-4612

13. City

N. Ft. Myers

14. County

LEE

15. State

FL

16. Zip Code

33917

17. E-mail address

JamesALeavens@gmail.com

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

19. Name of Bank

SUNCOAST

20. Address

565 Pine Island Rd.

21. City

N. Ft. Myers

22. County

LEE

23. State

FL

24. Zip Code

33903

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

1-9-19

26. Signature of Candidate

X

[Signature]

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

I, JAMES A. LEAVENS, do hereby accept the appointment (Please Print or Type Name)

designated above as: [] Campaign Treasurer [X] Deputy Treasurer.

1/9/19 Date

X

[Signature] Signature of Campaign Treasurer or Deputy Treasurer

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)

JAMES A. LEAVENS

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

36690 WHISPERING PINES RD. N. FT. MYERS, FL 33917

4. Telephone

(239) 6334612

5. E-mail address

jamesaleavens@gmail.com

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

LEE County SHERIFF

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

ANGELA H. LEAVENS

11. Mailing Address

36690 WHISPERING PINES RD.

12. Telephone

(239) 209 4650

13. City

N. Ft. MYERS

14. County

LEE

15. State

FL

16. Zip Code

33917

17. E-mail address

ahleavens@gmail.com

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

19. Name of Bank

SUNCOAST CREDIT UNION

20. Address

565 PINE ISLAND RD. N. FT. MYERS

21. City

N. Fort MYERS

22. County

LEE

23. State

FL

24. Zip Code

33903

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

01-03-2019

26. Signature of Candidate

James A. Leavens

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

I, ANGELA H. LEAVENS, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

1/3/2019 Date

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, JAMES A. LEAVENS,
candidate for the office of LEE COUNTY SHERIFF;

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

X James A. Leavens
Signature of Candidate

01-03-2019
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).