

**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) 633 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     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

JAMES A. LEAVENS

11. Mailing Address

36690 WHISPERING PINES RD.

12. Telephone

(239) 633 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  Primary Depository     Secondary Depository

19. Name of Bank

SUNTRUST

20. Address

15051 N. CLEVELAND AVENUE

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

1-10-2019

26. Signature of Candidate

X 

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     Deputy Treasurer.

1-10-2019  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer

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**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) 633 4612

**5. E-mail address**

jamesa.leavens@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) 7094650

**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**

SUNTRUST

**20. Address**

15051 N. CLEVELAND AVENUE

**21. City**

N. FT. MYERS

**22. County**

LEE

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**25. Date**

1-10-2019

**26. Signature of Candidate**



**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

01/10/2019  
Date

Signature of Campaign Treasurer or Deputy Treasurer