

REVISED

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL
 REVISED
 (PLEASE CHECK ONE)

| | |
|----------------------------------------------------------|-------------------------------------------------------------|
| Candidate Name | TYLER DUPUY |
| Residence Address | 2797 1ST ST #1905 FORT MYERS FL 33916 |
| City and Zip Code | |
| Mailing Address (if different) | <input checked="" type="checkbox"/> Check if same as above. |
| Telephone Number(s) (Daytime) | TELEPHONE 239-233-9764 TYLER@DUPUY4LEE.COM |
| Email Address | |
| Office Sought | |
| Area, District, Group Or Seat Number | LEE MEMORIAL HEALTH SYSTEM DISTRICT 5 |
| Political Party (if applicable for office sought) | NON PARTISAN 117056651 REVISED 09-28-10 |
| Date Of Birth Or Voter ID # | |
| Date | |
| Candidate Signature | X |

All information on this form becomes a public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

COPY

Bernie Feliciano

From: "Tyler Dupuy" <Tyler@Dupuy4Lee.com>
To: "Bernie Feliciano" <Bfeliciano@leeelections.com>
Sent: Monday, September 27, 2010 8:37 AM
Subject: New Phone Number
Hi Bernie,


Could you please detail in my campaign information that my new phone number is (239) 233-9764?

Thank you,

Tyler Dupuy

OBSOLETE**LEE COUNTY****SCANNED****SUPERVISOR OF ELECTIONS****CANDIDATE CAMPAIGN FILE COVER SHEET** ORIGINAL REVISED

(PLEASE CHECK ONE)

| | | | |
|------------------------------------------------------|----------------------------------------------------------------------------------------|----|--|
| Candidate Name | Dupuy, Tyler | | |
| Residence Address | 2797 1 st St. #1905 | | |
| City and Zip Code | Ft. Myers, 33916 | | |
| Mailing Address (if different) | <input checked="" type="checkbox"/> Check if same as above. | | |
| Telephone Number(s) (Daytime) | 239-233-5198 | OR | |
| Email Address | tyler@Dupuy4Lee.com | | |
| Office Sought | Lee Memorial Health System BOD | | |
| Area, District, Group Or Seat Number | District 5 | | |
| Political Party (if applicable for office sought) | Non-Partisan | | |
| Date Of Birth Or Voter ID # | 117056651 | | |
| Date | 2/22/2010 | | |
| Candidate Signature | X  | | |

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public record upon receipt by the Lee County Supervisor of Elections.

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**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

SCANNED

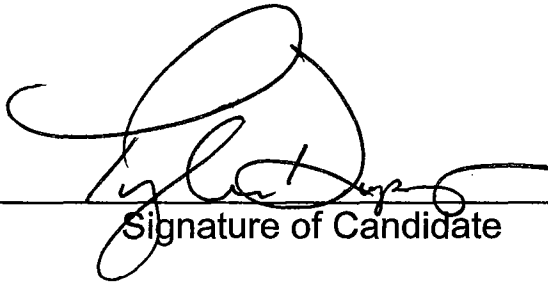
I, Tyler M. Dupuy,

candidate for the office of Lee Memorial Health System BOD District 5;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X


Signature of Candidate

2/22/2010

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).

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

SCANNED

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

Tyler, Matthew Dupuy

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

2797 1st St. #1905
Fort Myers, FL 33916

4. Telephone (optional)

(239) 233-5198

5. E-mail address (optional)

6. Office sought (include district, circuit, group number)
Lee Memorial Health System BOD
District 5

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

Tyler Matthew Dupuy

11. Mailing Address (If post office box or drawer, also include street address)

2797 1st St. #1905

12. Telephone

(239) 233-5198

13. City

Fort Myers

14. County

Lee

15. State

FL

16. Zip Code

33916

17. E-mail address (optional)

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

19. Name of Bank

Edison National Bank

20. Street Address

2105 1st St.

21. City

Fort Myers

22. County

Lee

23. State

FL

24. Zip Code

33901

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

2/22/2010

26. Signature of Candidate

X 

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

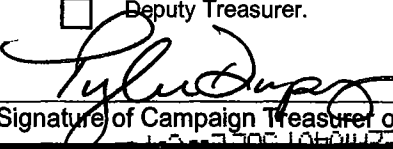
I, Tyler Matthew Dupuy, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/22/2010

Date

X



Signature of Campaign Treasurer or Deputy Treasurer