



LEE COUNTY ELECTIONS

*20JAN22PM0332 SOE Lee Co F1

CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

Candidate Name	KATHY BRIDGE-LILES		
Residence Address	4499 MYSTIC BLUE WAY		
City and Zip Code	FORT MYERS, FL 33966		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input checked="" type="checkbox"/> Alternate (list below)
	239-940-1153		239-872-5481
Campaign Email Address	kblcampaign2020@gmail.com		
Campaign Website			
Office Sought	LEE MEMORIAL HEALTH SYSTEM BOARDS OF DIRECTORS		
Area, District, Group or Seat #	5		
<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	NO PARTY AFFILIATION (NPA)		
Incumbent	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Date of Birth or Voter Registration ID #	JANUARY 8, 1951		111583876
Candidate Signature & Date	Kathy Bridge Liles 1/22/20		

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):

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

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

KATHY BRIDGE-LILES

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

4499 MYSTIC BLUE WAY
FORT MYERS, FL 33966

4. Telephone

(239) 940-1153

5. E-mail address

kblcampaign2020@gmail.com

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

LEE MEMORIAL HEALTH SYSTEM
BOARD OF DIRECTORS - 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

KATHY BRIDGE-LILES

11. Mailing Address

4499 MYSTIC BLUE WAY

12. Telephone

(239) 940-1153

13. City

FORT MYERS

14. County

LEE

15. State

FL

16. Zip Code

33966

17. E-mail address

kblcampaign2020@gmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

EDISON NATIONAL BANK

20. Address

13000 S. CLEVELAND AVE.

21. City

FT. MYERS

22. County

LEE

23. State

FL

24. Zip Code

33907

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

1-22-20

26. Signature of Candidate

X Kathy Bridge-Liles

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

I, KATHY BRIDGE-LILES, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/22/20

Date

X Kathy Bridge-Liles

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)

KATHY BRIDGE-LILES

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

4499 MYSTIC BLUE WAY
FORT MYERS, FL 33966

4. Telephone

(239) 940-1153

5. E-mail address

kskcampaign2020@gmail.com

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

LEE MEMORIAL HEALTH SYSTEM
BOARD OF DIRECTORS - 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

PAUL E. LILES

11. Mailing Address

4499 MYSTIC BLUE WAY

12. Telephone

(239) 872-5481

13. City

FORT MYERS

14. County

LEE

15. State

FL

16. Zip Code

33966

17. E-mail address

pelesg@gmail.com

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

19. Name of Bank

EDISON NATIONAL BANK

20. Address

13000 S. CLEVELAND AVE.

21. City

FORT MYERS

22. County

LEE

23. State

FL

24. Zip Code

33966

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

1-22-20

26. Signature of Candidate

X Kathy Bridge-Liles

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

I, PAUL E. LILES, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1-22-20

Date

X

Paul E. Liles

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, KATHY BRIDGE-LILES,

candidate for the office of LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS,

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

Kathy Bridge-Liles
Signature of Candidate

1-22-20
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).