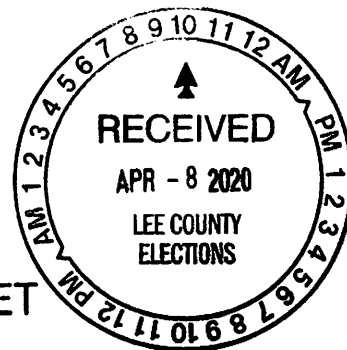




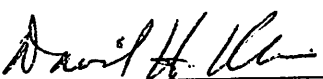
LEE COUNTY ELECTIONS



CANDIDATE CAMPAIGN FILE COVER SHEET

☒ ORIGINAL

☐ REVISED

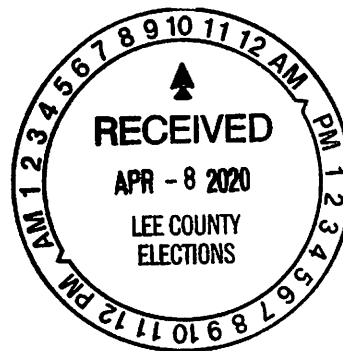
Candidate Name	David H. Klein		
Residence Address	4731 Bonita Bay Blvd., Unit 1203		
City and Zip Code	Bonita Springs, FL 34134		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	585-739-9060		585-739-9060
Campaign Email Address	davidhklein@kleinsg.com		
Campaign Website			
Office Sought	Lee Memorial Health Systems, Director		
Area, District, Group or Seat #	District 3		
<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	Non-Partisan		
Incumbent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of Birth or Voter Registration ID #	126756598		
Candidate Signature & Date	 04/08/2020		

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)

David H Klein

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

4731 Bonita Bay Blvd, Unit 1203
Bonita Springs, FL 34134

4. Telephone

(585) 739-9060

5. E-mail address

davidhklein@kleinsg.com

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

Lee Memorial Health System, Director, District 3

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

Dawn K Klein

11. Mailing Address

4731 Bonita Bay Blvd, Unit 1203

12. Telephone

(585) 755-6517

13. City

Bonita Springs

14. County

Lee

15. State

FL

16. Zip Code

34134

17. E-mail address

dklein777@live.com

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

19. Name of Bank

Bank of America

20. Address

24550 S. Tamiami Trail

21. City

Bonita Springs

22. County

Lee

23. State

FL

24. Zip Code

34134

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

04/07/2020

26. Signature of Candidate

☒ *David H. Klein*

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

I, Dawn K Klein, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

04/07/2020

Date

☒

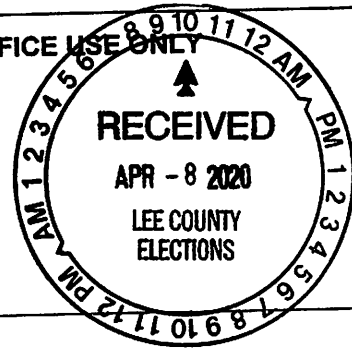
Dawn K Klein
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, David H. Klein

candidate for the office of Lee Memorial Health Systems, Director

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

X *David H. Klein*
Signature of Candidate

04/08/2020

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).