

SCANNED

# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET




ORIGINAL



REVISED

(PLEASE CHECK ONE)

Candidate Name	ARNOLD A. GIBBS		
Residence Address	5909 TARPON GARDENS CIRCLE #201		
City and Zip Code	33914 CAPE CORAL		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239 540 7657	OR	239 707 2335
Email Address	CCYCIP@COMCAST.NET		
Office Sought	SCHOOL BOARD		
Area, District, Group Or Seat Number	DISTRICT 1		
Political Party (if applicable for office sought)	<del>REPUBLICAN</del> NON PARTISAN		
Date Of Birth Or Voter ID #	JANUARY 2, 1948		
Date	MAR 25, 2010		
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.

10MAR29PM1039 SDE Lee Co Fl

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

SCANNED

I, ARNOLD A. GIBBS,

candidate for the office of LEE COUNTY SCHOOL BOARD - DISTRICT 1;

have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X Arnold A. Gibbs  
Signature of Candidate

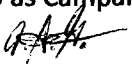
3-25-10  
Date

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).

10MAR29AM1039 SDE Lee Co FL

July 6, 2010

Dear Mrs. Feliciano,

Please be advised that I have removed myself from the position of Campaign Treasurer and have appointed Anthony Constantino as Campaign Treasurer. I am now appointing myself to the position of Deputy Campaign ~~Manager~~ <sup>Treasurer</sup>. 

  
Arnold A. Gibbs

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

1. CHECK APPROPRIATE BOX:

☐ Original Appointment Change in: ☒ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

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

ARNOLD ALEXANDER GIBBS

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

5909 TARPON GARDENS CIR. #201  
CAPE CORAL, FL. 33914

4. Telephone (optional)

( )

5. E-mail address (optional)

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

LEE COUNTY SCHOOL BOARD DISTRICT 1

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

ANTHONY CONSTANTINO

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

4507 S.E. 16TH PLACE, CAPE CORAL FL. 33904

12. Telephone

(239) 542-1976

13. City

CAPE CORAL

14. County

LEE

15. State

FL.

16. Zip Code

17. E-mail address (optional)

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

FIRST THIRD BANK

20. Street Address

859 CAPE CORAL PKWY

21. City

CAPE CORAL

22. County

LEE

23. State

FL.

24. Zip Code

33914

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

6-17-10

26. Signature of Candidate

X 

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

I, ANTHONY CONSTANTINO, do hereby accept the appointment  
(Please Print or Type Name)

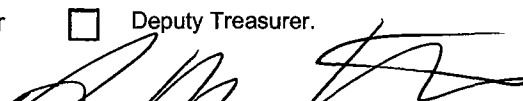
designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

6-17-10

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

10JUL07PM0825NE Lee Co FL  
OFFICE USE ONLY

10JUL07PM0825NE Lee Co FL

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

1. CHECK APPROPRIATE BOX:  
☐ Original Appointment      Change in: ☒ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

2. Name of Candidate (in this order: First, Middle, Last) <u>ARNOLD GIBBS</u>		3. Address (include post office box or street, city, state, zip code) <u>5909 TARPON GARDENS CIR. #201</u> <u>CAPE CORAL, FL. 33914</u>
4. Telephone (optional) <u>(239) 540-7657</u>	5. E-mail address (optional) <u>CCYCIP@COMCAST.NET</u>	

6. Office sought (include district, circuit, group number) <u>SCHOOL BOARD (LEE COUNTY)</u> <u>DISTRICT 1</u>	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.
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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  
ARNOLD GIBBS

11. Mailing Address (If post office box or drawer, also include street address) <u>SAME AS ABOVE</u>	12. Telephone <u>(239) 540 7657</u>
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13. City <u>N/A</u>	14. County <u>N/A</u>	15. State <u>N/A</u>	16. Zip Code <u>N/A</u>	17. E-mail address (optional)
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18. I have designated the following bank as my    ☒ Primary Depository    ☐ Secondary Depository

19. Name of Bank <u>FIFTH THIRD</u>	20. Street Address <u>859 CAPE CORAL PKWY</u>		
21. City <u>CAPE CORAL</u>	22. County <u>LEE</u>	23. State <u>FL.</u>	24. Zip Code <u>33914</u>

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 <u>7-6-10</u>	26. Signature of Candidate <u>X Arnold A. Gibbs</u>
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27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

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

designated above as:    ☐ Campaign Treasurer    ☒ Deputy Treasurer.

7-6-10    X Arnold A. Gibbs  
Date    Signature of Campaign Treasurer or Deputy Treasurer