LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

REVISED

ORIGINAL

(PLEASE CHECK ONE)	
Candidate Name	John E. Traube
Residence Address	1009 SW. 6 Avenue
City and Zip Code	Cape Corel FL 33991 Check if same as above.
Mailing Address (if different)	Check if same as above.
Telephone Number(s)	OR
(Daytime)	239-458-0651
Email Address	ce Johnt @ aol.com
Office Sought	SCHOOL BOARD
Area, District, Group Or Seat Number	District # 1 - School Board
Political Party	·
(if applicable for office sought)	Non- Pautisan
Date Of Birth Or Voter ID #	5/26/37
Date	4/1/10
Candidate Signature	X John E. Vich
All inf	ormation on this form becomes a

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.

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

OFFICE USE ONLY 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 Partv 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip John E. Tracka 4. Telephone (optional) 5. E-mail address (optional) 1009 SW.6 . Am Cape Coul, FL. 22881 (239) 458-0651 CCJohat @ aol.com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: School Bd # 1 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. Campaign Treasurer 9. I have appointed the following person to act as my **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer 11. Mailing Address (If post office box or drawer, also include street address) 12. Telephone 875 SE 47 Temece (239) 54214. County 15. State 16. Zip Code 17. E-mail address (optional) FL 33904 YNMILES WW (239) 542-8888 13. City ☐ Secondary Depository Primary Depository 18. I have designated the following bank as my 20. Street Address 2536 Skyline, Blud 19. Name of Bank 24. Zip Code 21. City 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 26. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Lynn M Miles , do hereby accept the appointment (Please Print or Type Name) Campaign Treasurer Deputy Treasurer. designated above as: JUM WILL Date 1400 BE I HUS PU LUMBOBBO FO

DS-DE 9 (Rev. 11/09)

OFFICE USE ONLY 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 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip 1009 SW 6 th ave Cape Coral FL 33991 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: Seh. Bd. Dist#1 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. Campaign Treasurer 9. I have appointed the following person to act as my **Deputy Treasurer** Name of Treasurer or Deputy Treasurer 11. Mailing Address (If post office box or drawer, also include street address) 12. Telephone | 13. City | 14. County | 15. State | 16. Zip Code | 17. E-mail address (optional) | 18. I have designated the following bank as my | Primary Depository | Secondary Depository 20. Street Address 2536 Sky/ine BWa 19. Name of Bank 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 26. Signature of Candidate

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

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

Campaign Treasurer

Deputy Treasurer.

designated above as:

STATEMENT OF CANDIDATE

OFFICE USE ONLY

(Section 106.023, F.S.)
(Please Type)

1, John E. Tracke
candidate for the office of School Board - District # 1;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.
X Signature of Candidate 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).