

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

111476002

LA ROSA, FRANK
1147 NAVAJO AVE
LEHIGH ACRES FL 33936

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

FRANK La ROSA

3.
CO

LA ROSA, FRANK
1147 NAVAJO AVE
LEHIGH ACRES FL 33936

111476002

4. Telephone (optional)

839 464-9696

5. E-mail address (optional)

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

Lee Memorial Health System District 4

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

111476002

11. LA ROSA, FRANK
1147 NAVAJO AVE
LEHIGH ACRES FL 33936

street address)

12. Telephone

839 464-9696

13.

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

Edison National Bank

20. Street Address

2105 First 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

10/4/2010

26. Signature of Candidate

X Frank La Rosa

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

I, Frank La Rosa, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10/4/2010
Date

X Frank La Rosa
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

LA ROSA, FRANK
1147 NAVAJO AVE
LEHIGH ACRES FL 33936

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I, _____,
candidate for the office of Lee Memorial Health System, Dist 4
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Frank T. Rosa
Signature of Candidate

10/04/2010
Date

10 OCT 10 4 PM 04:37 SDE Lee Co Fl

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).