



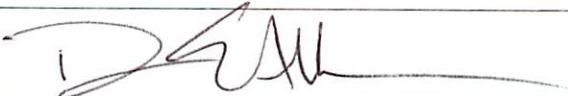
LEE COUNTY ELECTIONS

7:22AM 17MAY0854 SOE Lee Co FL

CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

Candidate Name	Dane Allen		
Residence Address	13556 Tarrey Way		
City and Zip Code	Fort Myers 33905		
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)
	920-246-4864		
Campaign Email Address	Dane4LeeHealthBoard@gmail.com		
Campaign Website	T.B.A.		
Office Sought	Lee Memorial Health System Board		
Area, District, Group or Seat #	District 4		
<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 #	04-29-1964		
Candidate Signature & Date	 5-17-22		

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: <https://www.lee.vote/Candidates/Candidate-Online-Packets>. Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. If you have questions or need more information about becoming a candidate for public office, please call (239) LEE-VOTE (239-533-8683) and ask for the Qualifying Department.

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)

Dane Edson Allen

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

13556 Torrey Way
Fort Myers, FL 33905

4. Telephone

(920) 246-4864

5. E-mail address

dane4leehealthboard@gmail.com

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

Lee Memorial Health System Board - 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

Dane E. Allen

11. Mailing Address

13556 Torrey Way

12. Telephone

(920) 246-4864

13. City

Fort Myers

14. County

Lee

15. State

FL

16. Zip Code

33905

17. E-mail address

dane4leehealthboard@gmail.com

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

19. Name of Bank

Lake Michigan Credit Union

20. Address

21910 S. Tamiami Trail

21. City

Estero

22. County

Lee

23. State

FL

24. Zip Code

33928

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

5-17-22

26. Signature of Candidate

X 

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

5-17-22

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, Dane Allen,
 candidate for the office of Lee Memorial Health System Board - District 4,
 have been provided access to read and understand the requirements of
 Chapter 106, Florida Statutes.

X



Signature of Candidate

5-17-22

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).