LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

REVISED

ORIGINAL

(PLEASE CHECK ONE)				
Candidate Name	Donald "Donnie" Laubheimer			
Residence Address	9232 Scarlette Oak Avenue			
City and Zip Code	Fort Myers FL 33947 Check if same as above.			
Mailing Address (if different)	Check if same as above.			
Telephone Number(s) (Daytime)	239-482-7151 OR 239-297-2343			
Email Address				
Office Sought	Donnie Laubheimer @ gmail, com Lee memorial Hospital Board			
Area, District, Group Or Seat Number	District 5			
Political Party (if applicable for office sought)				
Date Of Birth Or Voter ID #	08/09/1959			
Date	May 18, 2010			
Candidate Signature	M Donal I challe N			

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.

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

OFFICE U	JSE O	NLY
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DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	19PM0247 SDE			
(PLEASE PRINT OR TYPE)	2473			
	Ä			
1. CHECK APPROPRIATE BOX:	<u>်</u>			
	reasurer/Deputy 🔲 Depository 🔲 Office 🔲 Party			
2. Name of Candidate (in this order: First, Middle, Last) Donald Travis Laubheimer 4. Telephone (optional) 5. E-mail address (optional) (239) 492-7/5/Domie Laubheimer @ gma	3. Address (include post office box or street, city, state, zip code) 9232 Scarlette Cak Avenue Fort Myers, FL 33967			
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if			
Lee Memorial Hospital Board	applicable:			
Distri	u b -			
8. If a candidate for a <u>partisan</u> 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 Davis - Laubheimer 11. Mailing Address (If post office box or drawer, also include				
9232 Scarlette Oak Pulnue	(239) 482-7/51			
13. City 14. County 15. Sta FORT MYEVS LEC FL	ate 16. Zip Code 17. E-mail address (optional) - 33967 Dannie Lawheimer @ small.			
18. I have designated the following bank as my	Primary Depository Secondary Depository			
19. Name of Bank / Colonial	20. Street Address 4959 S. Cleveland Avenue			
21. City 22. County Lee	23. State 24. Zip Code 33 90 7			
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			
May 18, 2010	X Small Could !!			
	t (fill in the blanks and check the appropriate block)			
1. Dawn M. Davis - Laubheimer	, do hereby accept the appointment			
(Please Print or Type Name) designated above as: Campaign Treasure	r Deputy Treasurer.			
May 18,2010 X Date	Signature of Campaign Treasurer or Deputy Treasurer			

STATEMENT OF CANDIDATE

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

OFFICE USE ONLY

candidate for the office of Lee Memorial Hospital Board Dist 5;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

May 18, 2010

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).

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AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

in the November 2010 General Election. I understand that my campaign expense, from (date of election)

personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

Provided that these are my only campaign expenses, <u>I will not be required to</u>: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07 and, therefore, during my campaign, I am prohibited from expending, collecting, soliciting or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any campaign expense, <u>prior to doing so</u>, I understand that <u>I AM REQUIRED TO FIRST FILE</u> Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports as required by Florida Statute §106.07 with the Lee County Supervisor of Elections.

Signature of Candidate Date

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository.

State of Florida County of Lee