




# LEE COUNTY ELECTIONS

## CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

22 JUN 8 PM 12:05:50 EET LEE-OF-FL

Candidate Name	David H Klein		
Residence Address	4731 Bonita Bay Blvd., Unit 1203		
City and Zip Code	Bonita Springs, FL 34134		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input type="checkbox"/> Daytime (list below)	OR	<input checked="" type="checkbox"/> Alternate (list below)
			585-739-9060
Campaign Email Address	davidhklein@kleinsg.com		
Campaign Website			
Office Sought	Lee Memorial Health System Board of Directors		
Area, District, Group or Seat #	District #3		
<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 #	126756598		
Candidate Signature & Date	 <span style="float: right;">5/30/2022</span>		

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website [www.lee.vote](http://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.

722 JUN 8 PM 1206 SDE LEE ON

# 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)

David H Klein

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

4731 Bonita Bay Blvd., Unit 1203  
Bonita Springs, FL 34134

### 4. Telephone

(585 ) 739-9060

### 5. E-mail address

davidhklein@kleinsg.com

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

Lee Memorial Health System Board of Directors, District #3

### 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

Dawn K Klein

### 11. Mailing Address

4731 Bonita Bay Blvd., Unit 1203

### 12. Telephone

( 585 ) 739-9060

### 13. City

Bonita Springs

### 14. County

Lee

### 15. State

FL

### 16. Zip Code

34134

### 17. E-mail address

dklein777@live.com

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

### 19. Name of Bank

Bank of America

### 20. Address

2412 Pine Ridge Rd

### 21. City

Naples

### 22. County

Collier

### 23. State

Florida

### 24. Zip Code

34109

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

5/30/2022

### 26. Signature of Candidate

David H. Klein

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

I, Dawn K Klein, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

5/30/22  
Date

Dawn K Klein  
Signature of Campaign Treasurer or Deputy Treasurer

(Revised 08/2021)  
**CANDIDATE OATH  
NONPARTISAN OFFICE  
LEE MEMORIAL HEALTH SYSTEM  
LEE COUNTY TRAUMA SERVICES  
BOARD OF DIRECTORS**

OFFICE USE ONLY

22 JUN 8 PM 1206 SDE LEE CO FL

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

Lee Memorial Health System candidates must use this Candidate Oath to qualify for office.

**CANDIDATE OATH**

(Sections 99.021, 105.031, 876.05-876.10, Florida Statutes; Laws of Florida 2000-439)

I, David H Klein

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS, 3,  
(office) (district #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I am a qualified elector of Lee County, Florida and I seek election to the Lee Memorial Health System and Lee County Trauma Services Board of Directors. I am a legal resident of Lee County, Florida and of the county health system district in Lee County to which I seek election. I am a citizen of the United States of America; I have not violated any of the laws of the state relating to electors and to the registration of electors.

**Section 876.05, Florida Statutes, oath** (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the Lee Memorial Health System and Lee County Trauma Services Board of Directors and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 126756598

**Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

David H Klein (585) 739-9060 davidhklein@kleinsg.com  
Signature of Candidate Telephone Number Email Address

4731 Bonita Bay Blvd., Unit 1203 Bonita Springs FL 34134  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Lee

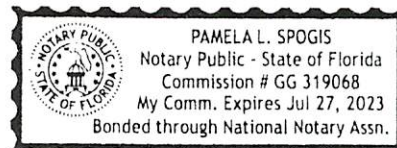
Pamela L Spogis  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence

this 31<sup>st</sup> day of May, 2022.

Personally Known:  OR Produced Identification:

Type of Identification Produced: \_\_\_\_\_



OFFICE USE ONLY

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

22 JUN 8 PM 1206 SDE LEE CO F1

I, David H Klein ,

candidate for the office of Lee Memorial Health System Board of Dir ;

have been provided access to read and understand the requirements of <sup>#3</sup>

Chapter 106, Florida Statutes.

X David H. Klein  
Signature of Candidate

5/30/2022  
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).

# FORM 1

# STATEMENT OF FINANCIAL INTERESTS

# 2021

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Klein, David, H

MAILING ADDRESS :

4731 Bonita Bay Blvd

Unit 1203

CITY :

Bonita Springs

ZIP :

34134

COUNTY :

Lee

NAME OF AGENCY :

Lee Memorial Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Director, District 3

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

22 JUN 5 PM 1206 SDE LEE OF PI

**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Excellus Excess Benefit	Rochester, NY	Health Insurance
Excellus Retirement Plan	Rochester, NY	Health Insurance

**PART B -- SECONDARY SOURCES OF INCOME**  
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

N/A

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Mutual Funds and Money Markets	Personal - Merrill Lynch
Mutual Funds	Personal - Fidelity

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	N/A	N/A
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:



**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to [CEForm1@leg.state.fl.us](mailto:CEForm1@leg.state.fl.us) and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.