



## CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

<b>Candidate Name</b>	Noelle Branning		
<b>Residence Address</b>	[REDACTED]		
<b>City and Zip Code</b>	[REDACTED]		
<b>Mailing Address</b>	<input type="checkbox"/> Check if same as above.		<input checked="" type="checkbox"/> Check if different from residence.
	1375 Jackson St. Ste 202		
	Ft Myers, FL 33901		
<b>Telephone Number(s)</b>	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	239-980-2224		
<b>Campaign Email Address</b>	votebranning@gmail.com		
<b>Campaign Website</b>			
<b>Office Sought</b>	Lee County Tax Collector		
<b>Area, District, Group or Seat #</b>			
<p>→ Judicial, School Board, and Special District Offices such as Community Development, Fire, Lee Health System, Library and Mosquito Control are non-partisan offices. A candidate for these offices, must indicate <b>"non-partisan"</b> 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>			
→ <b>Political Party for Office Sought</b>	Republican		
<b>Incumbent</b>	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Date of Birth or Voter Registration ID #</b>	6/16/1976		
<b>Candidate Signature &amp; Date</b>			

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/Archived-Candidate-Lists>. 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.

OFFICE USE ONLY

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

24 FEB 15 PM 02:57:50 Lee Co Fl

I, Noelle Branning

candidate for the office of Lee County Tax Collector

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X Noelle Branning  
Signature of Candidate

2/14/24  
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).



**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 filing 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):  
(Please Print or Type Name)

Noelle Branning

**3. Address** (include PO Box or Street, City, State, Zip Code):

1375 Jackson St., Ste 202  
Ft Myers, FL 33901

**4. Telephone:**

(239 ) 980-2224

**5. Candidate's Voter Registration #:**

111442697

(not required for qualifying purposes)

**6. Email Address:**

votebranning@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

Lee County Tax Collector

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

Write-In Candidate.     No Party Affiliation Candidate.     Republican Party candidate.

**10. I have appointed the following person to act as my:**

Campaign Treasurer

Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Terry Miller

**12. Telephone:**

(239 ) 980-2224

**13. Email Address:** *for state's consult*

Terry@TMStrategi

**14. Mailing Address:**

1375 Jackson St., Ste 202

**15. City:**

Ft Myers

**16. State:**

FL

**17. Zip Code:**

33901

**18. I have designated the following bank as my** (check appropriate box):  Primary Depository     Secondary Depository

**19. Name of Bank:**

Edison National Bank

**20. Address:**

2105 First St

**21. City:**

Ft 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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date:**

2/14/24

**26. Signature of Candidate:**

X *Noelle Branning*

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

I, Terry Miller

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

2/14/24

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X *Terry Miller*

REPORT

Submitted by: [Name]  
Date: [Date]

Abstract: [Text]

Introduction: [Text]

Experimental: [Text]

Discussion: [Text]

References: [Text]



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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 filing 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):  
(Please Print or Type Name)

Noelle Branning

**3. Address** (include PO Box or Street, City, State, Zip Code):

1375 Jackson St., Ste 202  
Ft Myers, FL 33901

**4. Telephone:**

<sup>239</sup> 980-2224  
(~~850~~)

**5. Candidate's Voter Registration #:**

111442697

(not required for qualifying purposes)

**6. Email Address:**

votebranning@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

Lee County Tax Collector

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

Write-In Candidate.     No Party Affiliation Candidate.     Republican Party candidate.

**10. I have appointed the following person to act as my:**

Campaign Treasurer     Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Noreen Fenner

**12. Telephone:**

(850) 212-0226

**13. Email Address:**

noreen@pacfm.net

**14. Mailing Address:**

1103 Hays St

**15. City:**

Tallahassee

**16. State:**

FL

**17. Zip Code:**

32301

**18. I have designated the following bank as my** (check appropriate box):  Primary Depository     Secondary Depository

**19. Name of Bank:**

Edison National Bank

**20. Address:**

2105 First St

**21. City:**

Ft 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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date:**

2/14/24

**26. Signature of Candidate:**

X *Noelle Branning*

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

I, Noreen Fenner do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

2/14/24

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X *[Signature]*