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CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL		KEVISED
Candidate Name	David Collins	
Voter Registration ID #	111537103	
Residence Address	7060 Bay Wods Lake Ct, APT 201	
City and Zip Code	Fort Myers, 33908	
intom;	Check if same as above.	Check if different from residence.
Mailing Address		
/ôter		
Telephone Number(s)	■ Daytime (list below)	OR Alternate (list below)
	239-826-3345	OK .
Campaign Email Address	davidcollinsfortmhospitalboard@gmail.com	
Campaign Website		ō,
Office Sought	Lee Memorial Health System	
Area, District, Group or Seat #	District 3	
 Judicial, School Board, and Special District Mosquito Control are non-partisan offices. A candidate for a Constitutional Office or Constitutional or "No Familia and Constitution or "N	A candidate for these offices, must in ounty Commission may file partisan o	dicate "non-partisan" on the line below.
→ Political Party for Office Sought		- <u> </u>
Incumbent	■Yes	□No
Date of Birth	02/06/1962	
Candidate Signature & Date	Sell	4/15/24

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.



Affidavit of Intent Special District Candidates

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

County of Lee		
L. David Col	lins	am a candidate for the independent special
	(print name)	
district office of: Lee Memorial Health System District 3		
(include district name AND .district, seat, area or group #)		eat, area or group #)

(morade district name Arvo Juistrict, seat, area of group #)

in the <u>November 5, 2024 General Election</u>. I declare that my <u>only campaign expense</u>, from personal funds, shall be the \$25 candidate-qualifying fee *OR* the signature verification fee for candidates who qualify by the candidate-petition method by submitting the valid signatures of 25 registered voters residing within the District boundaries.

Provided that this is my *only campaign expense*, <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. I understand that 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 additional campaign expense, I understand that <u>prior to doing so, I am required to 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 Florida Division of Elections.

Signature of Candidate

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State of Florida

Date

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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 impublic 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.