




# LEE COUNTY ELECTIONS

24MAY21PM0340 SOE Lee Co FL

## CANDIDATE CAMPAIGN FILE COVER SHEET

☒ ORIGINAL

☐ REVISED

Candidate Name	Daniel Adler		
Voter Registration ID #	114625514		
Residence Address	15244 Fiddlesticks Blvd		
City and Zip Code	Ft Myers, FL 33912		
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) 239-826-2845	OR	<input type="checkbox"/> Alternate (list below)
Campaign Email Address	danieladler19@gmail.com		
Campaign Website			
Office Sought	Lee Health Board of Directors		
Area, District, Group or Seat #	Seat 5		
<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 "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	n/a NON PARTISAN		
Incumbent	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No
Date of Birth	07/06/1988		
Candidate Signature & Date	 May 20, 2024		

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.

**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.

\*24MAY21PM0340 SOE Lee Co F1

**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)

Daniel Adler

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

15244 Fiddlesticks Blvd  
Ft Myers, FL 33912

**4. Telephone:**

(239 ) 826-2845

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

114625514

(not required for qualifying purposes)

**6. Email Address:**

danieladler19@gmail.com

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

Lee Health Board of Directors, Seat 5

**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.   ☐ \_\_\_\_\_ 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 Nation Bank

**20. Address:**

2105 W. 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:** 5/20/2024

**26. Signature of Candidate:**

X

**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:** 5/20/2024

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

X



**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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24MAY21PM0340 SOE Lee Co F1

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**2. Name of Candidate** (in this order: First, Middle, Last):  
(Please Print or Type Name)

Daniel Adler

**3. Address** (include PO Box or Street, City, State, Zip Code):  
15244 Fiddlesticks Blvd  
Ft Myers, FL 33912

**4. Telephone:**

(239 ) 826-2845

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

114625514

(not required for qualifying purposes)

**6. Email Address:**

danieladler19@gmail.com

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

Lee Health Board of Directors, Seat 5

**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. ☐ \_\_\_\_\_ 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:**

Terry@TMStrategicConsulting.com

**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 Nation Bank

**20. Address:**

2105 W. First St

**21. City:**

Ft Myers

**22. County:**

Lee

**23. State:**

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33901

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**25. Date:** 5/20/2024

**26. Signature of Candidate:**

X

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

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

☐ Campaign Treasurer.

☒ Deputy Treasurer.

**28. Date:** 5/20/2024

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

X

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, Daniel Adler ,  
candidate for the office of Lee Health Board of Directors, Seat 5 ;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X



Signature of Candidate

5/20/2024

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).