

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL REVISED
(PLEASE CHECK ONE)

| | | | |
|--|---|-------|--|
| Candidate Name | Richard Akin | | |
| Residence Address | 1220 Westfield Drive | | |
| City and Zip Code | Fort Myers | 33919 | |
| Mailing Address (if different) | <input checked="" type="checkbox"/> Check if same as above. | | |
| Telephone Number(s) (Daytime) | 239-658-3025 | OR | |
| Email Address | RBAkin@aol.com | | |
| Office Sought | Lee Memorial Health System Director | | |
| Area, District, Group Or Seat Number | District 2 | | |
| Political Party (if applicable for office sought) | N/A | | |
| Date Of Birth Or Voter ID # | January 31, 1950 | | |
| Date | June 1, 2010 | | |
| Candidate Signature | X Richard B. Akin | | |

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.

**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.

State of Florida
County of Lee

I, Richard B. Akin, am a candidate for the Special District
(print name)

office of: Lee Memorial Health System, District 2
(include district name and district, seat, area or group#)

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, **I will not be required to:** 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, **prior to doing so,** I understand that **I AM REQUIRED TO FIRST FILE** 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.

x Richard B. Akin
Signature of Candidate

June 1, 2010
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."

*10:11:03PM 1029 SDE Lee Co Fl