

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Richard B Akin

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

1220 Westfield Dr. Ft. Myers, Fla 33919

4. Telephone (optional)

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5. E-mail address (optional)

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

Lee Memorial health System Board of Directors, District 2

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

William M Ellis

11. Mailing Address (If post office box or drawer, also include street address)

4081 Galt Island Ave

12. Telephone

(239) 225-5436

13. City

St James City

14. County

Lee

15. State

Fla

16. Zip Code

33956

17. E-mail address (optional)

sumike123@gmail.com

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

19. Name of Bank

Bank of America

20. Street Address

5041 Pine Island Rd

21. City

Bokeelia

22. County

Lee

23. State

Fla

24. Zip Code

33922

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

Sept. 16, 2010

26. Signature of Candidate



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

I, William M Ellis, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

Sept. 16, 2010

Date


Signature of Campaign Treasurer or Deputy Treasurer

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DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

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OFFICE USE ONLY

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)
Richard B. Akin

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

1220 Westfield Dr. Ft. Myers, Fla 33919

4. Telephone (optional)

5. E-mail address (optional)

()

6. Office sought (include district, circuit, group number)
Lee Memorial Health System Board of Directors, DISTRICT 2

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
Richard B. Akin

11. Mailing Address (If post office box or drawer, also include street address)

1220 Westfield Dr.

12. Telephone

(239) 641-1422

13. City

Ft. Myers

14. County

Lee

15. State

Fla

16. Zip Code

33919

17. E-mail address (optional)

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

19. Name of Bank

Bank of America

20. Street Address

5041 Pine Island Rd

21. City

Bokeelia

22. County

Lee

23. State

Fla

24. Zip Code

33922

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25. Date

Sept. 16, 2010

26. Signature of Candidate

Richard B. Akin

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

I, **Richard B. Akin**, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

Sept. 16, 2010

Date

Richard B. Akin

Signature of Campaign Treasurer or Deputy Treasurer

*10SEP21PM11:11:50E REC'D FT

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, Richard B. Akin,
candidate for the office of Lee Memorial Health System Board of Directors;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Richard B. Akin
Signature of Candidate

Sept. 16, 2010
Date

10SEP16AM 11:44:50E L ee Co FI

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).