


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL REVISED

(PLEASE CHECK ONE)

| | | | |
|--|--|----|--|
| Candidate Name | TIMOTHY P. FISHER | | |
| Residence Address | P.O. Box 150222 | | |
| City and Zip Code | CAPE CORAL, FL 33915 | | |
| Mailing Address (if different) | <input checked="" type="checkbox"/> Check if same as above. | | |
| Telephone Number(s) (Daytime) | 239-910-0340 | OR | |
| Email Address | FISHERFORLEE.COM | | |
| Office Sought | SHERIFF OF LEE COUNTY. | | |
| Area, District, Group Or Seat Number | | | |
| Political Party (if applicable for office sought) | REPUBLICAN | | |
| Date Of Birth Or Voter ID # | 07-01-66 | | |
| Date | 06-17-11 | | |
| Candidate Signature | X  | | |

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.

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11 JUN 17 PM 04:17 SHEL Lee Co FL

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 qualifying 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)
Timothy Paul Fisher

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

P. O. Box 150222
Cape Coral, Florida 33915

4. Telephone
(239) 910-0340

5. E-mail address
FisherForLee.com

6. Office sought (include district, circuit, group number)
Sheriff of Lee County

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 Republican Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Robin M. Fisher

11. Mailing Address
P. O. Box 150222

12. Telephone
(239) 910-0340

13. City
Cape Coral

14. County
Lee

15. State
FL

16. Zip Code
33915

17. E-mail address
FisherForLee.com

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

19. Name of Bank
Wachovia

20. Address
2504 Santa Barbara Blvd

21. City
Cape Coral

22. County
Lee

23. State
FL

24. Zip Code
33914

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
06-17-11

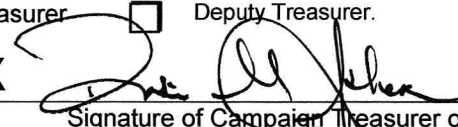
26. Signature of Candidate
 

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

I, Robin M. Fisher, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/17/11
Date


Signature of Campaign Treasurer or Deputy Treasurer

**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 qualifying 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)

Timothy Paul Fisher

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

P. O. Box 150222
Cape Coral, Florida 33915

4. Telephone

(239) 910-0340

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Write-In No Party Affiliation Republican _____ Party candidate.

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P. O. Box 150222

12. Telephone

(239) 910-0340

13. City

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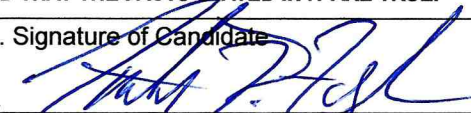
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25. Date

06-17-11

26. Signature of Candidate

X



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

I, Timothy P. Fisher, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

06-17-11

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, Tim Fisher,
candidate for the office of Sheriff of Lee County;

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

X


Signature of Candidate

06-17-11
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).

11 JUN 17 PM 04:16 SDE LEE Co FL