ORIGINAL

12JAN9 M 15750E LEE,OOFI

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

(Please Check One)

REVISED

Candidate Name	KennetH M. Wilkinson					
Residence Address	1920 Virginia Ave. # 1502 A					
City and Zip Code	FORT Myers Fl. 33901					
Mailing Address (if different)	Check if same as above.					
Telephone Number(s) (Daytime) Horne	334-0027 OR					
Email Address	Kendaysend @ aol. com					
Office Sought	Lee COUNTY PROPERTY AppariseR					
Area, District, Group Or Seat Number	Kendaysend @ ao1. com					
Political Party (if applicable for office sought)	Kepublican					
Date Of Birth Or Voter ID #	06-13-44					
Date	1-06,12					
Candidate Signature	X Lymon					

All candidate information 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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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	befor	е оре	ning tl	he c	am	paig	n acc	oun	t.

officer before opening the campaign account.	OFFICE USE ONLY					
1. CHECK APPROPRIATE BOX(ES):						
Initial Filing of Form Re-filing to Change: T	reasurer/Deputy 🔲 Depository 🔲 Office 🔲 Party					
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip					
KennetH M. Wilkinson	code) 1920 VIRGINIA AVE. #1502A					
4. Telephone 5. E-mail address 7 my eps 71. 33901						
(239)334-0021 Kendaysend Caol·com						
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if					
Le County Pagery Arguaise 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 ☑ <u>Vegubl; cAN</u> Party candidate.						
9. I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer	1					
Howard Valle CPF						
11. Mailing Address	12. Telephone					
10181 Six Mile Cypress PKWY						
13. City 14. County 15. Sta						
Fort Myers Lee FL 33966 Inpalen@hagen-palen.com						
18. I have designated the following bank as my	Primary Depository Secondary Depository					
19. Name of Bank Florida Gulf Bank	20. Address 8341 Dani Drive					
21. City 22. County	23. State 24. Zip Code					
Fort Myers Lee	PL 33966					
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	26. Signature of Candidate					
1/06/12	X MWCKusm					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)						
I, Howard Palen , do hereby accept the appointment (Please Print or Type Name)						
designated above as: X Campaign Treasurer Deputy Treasurer.						
1109/12 X Land						
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)



P P

NOTE: This form must be on file with the qualifying OFFICE USE ONLY officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip My eps, 72. 33901 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** 12. Telephone (239) 278-4455 15. State 13. City 17. E-mail address Secondary Depository **Primary Depository** 18. I have designated the following bank as my 19. Name of Bank 20. Address 24. Zip Code 21. City 22. County 23. State 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. 26. Signature of Candidate 25. Date Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment (Please Print or Type Name) Campaign Treasurer Deputy Treasurer. designated above as: V -09-12 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)

(I LEAGE I KINT OK I II L)					
NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONLY				
1. HECK APPROPRIATE BOX(ES):					
Initial Filing of Form Re-filing to Change: T	reasurer/Deputy				
2. Name of Candidate (in this order: First, Middle, Last) Kenneth M. Wilkinson	3. Address (include post office box or street, city, state, zip code) 1920 Virginia ave #1502				
4. Telephone 5. E-mail address (339) 334-0027 Kindays and E	F+Myers FL 33901 201.com				
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if				
Lee Co. Property Appraiser	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 Kenneth M. Wilkinson					
11. Mailing Address 1920 Virginia Que #18	12. Telephone (339) 3340027				
13 City 14. County 15. St. F.	te 16. Zip Code 17. E-mail address L 33901 Kendusenkead-com				
18. I have designated the following bank as my	Primary Depository Secondary Depository				
19. Name of Bank Gulf Bank	20. Address 4 Dani Dr				
21. County Lee	23. State FL 24. Zip Code 33966				
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 01/09/12	26. Signature of Candidate X M M M M M M M M M M M M				
27. Treasurer's Acceptance of Appointment	t (fill in the blanks and check the appropriate block)				
I, Kenneth M. Wilkin Son , do hereby accept the appointment (Please Print or Type Name)					
designated above as: Deputy Freasurer.					
01/09/12 X /mrlhis					
Date	Signature of Campaign Treasurer or Deputy Treasurer				

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

candidate for the office of Lle County Partial Applaises:
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Monthson
Signature of Candidate

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).