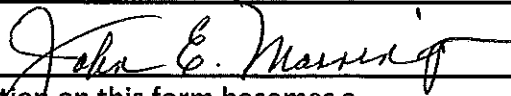


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

☒ ORIGINAL

☐ REVISED

(PLEASE CHECK ONE)

Candidate Name	JOHN E. MANNING		
Residence Address	1200 S.W. 52ND TERRACE		
City and Zip Code	CAPE CORAL 33914		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	549-8053	OR CELL	313-1182
Email Address	JEMANNING59@GMAIL.COM		
Office Sought	COUNTY COMMISSION		
Area, District, Group Or Seat Number	DISTRICT 1		
Political Party (if applicable for office sought)	REPUBLICAN		
Date Of Birth Or Voter ID #	6-28-50		
Date	2-7-12		
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.

12 FEB 8 AM 9 53 SDE LEE OF FL

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

I, JOHN E. MANNING,

candidate for the office of COUNTY COMMISSIONER;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

John E. Manning
Signature of Candidate

2-7-12

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).

12 FEB 8 AM 9 53 SDE LEE CO FL

*12FEB 8 AM 9 53 SDE 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)

JOHN E. MANNING

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

1200 S.W. 52ND TERRACE
CAPE CORAL, FL. 33914

4. Telephone

(239) 549-8053

5. E-mail address

Jemanning59@gmail.com

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

COUNTY COMMISSION DISTRICT #1

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

JOHN E. MANNING

11. Mailing Address

SAME AS ABOVE

12. Telephone

(239) 549-8053

13. City

14. County

15. State

16. Zip Code

17. E-mail address

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

19. Name of Bank

BANK OF AMERICA

20. Address

407 CAPE CORAL HWY WEST

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

2-7-12

26. Signature of Candidate

X John E. Manning

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

I, JOHN E. MANNING, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

2-7-12

Date

X

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)

JOHN E. MANNING

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

1200 S.W. 5200 TERRACE
CAPE CORAL, FL. 33914

4. Telephone

(239) 549-8053

5. E-mail address

JEMANNING59@GMAIL.COM

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

COUNTY COMMISSION DISTRICT 1

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

YVONNE WERLINE

11. Mailing Address

4507 S.E. 16TH PLACE

12. Telephone

(239) 542-1976

13. City

CAPE CORAL

14. County

LEE

15. State

FL.

16. Zip Code

33904

17. E-mail address

YVONNE@KMBEPA.COM

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

19. Name of Bank

BANK OF AMERICA

20. Address

407 CAPE CORAL PKWY WEST

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

2-7-12

26. Signature of Candidate

X John E. Manning

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

I, YVONNE WERLINE, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

2-7-12

Date

X

Signature of Campaign Treasurer or Deputy Treasurer