


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

(Please Check One)

Candidate Name	Lewis Robinson, MD		
Residence Address	17501 Village Inlet Court		
City and Zip Code	Fort Myers, FL 33908		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	(239) 549-2376	OR	(239) 415-3008
Email Address	lew rob @comcast.net		
Office Sought	Board member Lee Memorial Health System		
Area, District, Group Or Seat Number	District 3		
Political Party (if applicable for office sought)	N.P.		
Date Of Birth Or Voter ID #	02-023144		
Date	03/02/2012		
Candidate Signature	X 		

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.

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

*12MAR 5 PM 3 16 SOE LEE CO F1

(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)

Lewis Robinson, MD

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

17501 Village INLET Ct
Fort Myers, FL 33908

4. Telephone

(239) 849-2376

5. E-mail address

lewrob@comcast.net

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

Board member
Lee Memorial Health System

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

Lewis Robinson, MD

11. Mailing Address

17501 Village INLET Ct.

12. Telephone

()

13. City

Fort Myers

14. County

LEE

15. State

FL

16. Zip Code

33908

17. E-mail address

lewrob@comcast.net

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

19. Name of Bank

Wells Fargo

20. Address

15890 Summerlin Rd

21. City

Fort Myers

22. County

LEE

23. State

FL

24. Zip Code

33908

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

3/2/2012

26. Signature of Candidate

X Lewis Robinson, MD

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

I, Lewis Robinson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3/2/2012
Date

X [Signature]
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.

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OFFICE USE ONLY

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Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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

Lewis Robinson, MD

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

17501 Village INLET Ct.
FORT MYERS, FL 33908

4. Telephone

(239) 849-2376

5. E-mail address

lewrob@comcast.net

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

Board member

Lee Memorial Health System

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

Michael Bonacolta

11. Mailing Address

814 Shadyside St

12. Telephone

(239) 878-2509

13. City

Lehigh Acres

14. County

Lee

15. State

FL

16. Zip Code

33936

17. E-mail address

Mike.Bonacolta@gmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Wells Fargo

20. Address

15890 Summerlin Rd

21. City

Fort Myers

22. County

Lee

23. State

FL

24. Zip Code

33908

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25. Date

3/2/2012

26. Signature of Candidate

X 

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

I, Lewis Robinson, MD, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3/2/2012

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)


OFFICE USE ONLY
*12MAR 5 PM 3 16 SOE LEE CO F1

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I, Lewis Robinson

candidate for the office of Lee Memorial Health System Board
District 3

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

X 
Signature of Candidate

3/2/2012
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).