

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL REVISED

(PLEASE CHECK ONE)

Candidate Name	SHARON L. HARRINGTON		
Residence Address	1436 LYNWOOD AVE.		
City and Zip Code	FORT MYERS, FL 33901		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)		OR	
Email Address	SLHARR02@COMCAST.NET		
Office Sought	SUPERVISOR OF ELECTIONS		
Area, District, Group Or Seat Number	NA		
Political Party (if applicable for office sought)	NA		
Date Of Birth Or Voter ID #	# 111479173		
Date	4-2-12		
Candidate Signature	X Sharon L. Harrington		

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.

*12APR 2 AM 10 19 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)

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

SHARON L. HARRINGTON

1436 LYNWOOD AVE.
FORT MYERS, FL 33901

4. Telephone

5. E-mail address

(239)

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

7. If a candidate for a nonpartisan office, check if applicable:

SUPERVISOR OF ELECTIONS

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

SHARON L. HARRINGTON

11. Mailing Address

12. Telephone

1436 LYNWOOD AVE.

() SAME

13. City

14. County

15. State

16. Zip Code

17. E-mail address

FORT MYERS

LEE

FL

33901

SAME AS ABOVE

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

19. Name of Bank

20. Address

FLORIDA GULF BANK

2247 FIRST ST.

21. City

22. County

23. State

24. Zip Code

FORT MYERS

LEE

FL

33901

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

4-2-12

X Sharon L. Harrington

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

I, SHARON L. HARRINGTON, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4-2-12

X Sharon L. Harrington

Date

Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

I, SHARON L. HARRINGTON,
candidate for the office of SUPERVISOR OF ELECTIONS;

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

X Sharon L. Harrington
Signature of Candidate

4-2-12
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).

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