


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

☒ ORIGINAL

(Please Check One)

Candidate Name	Bob "Smithy" Smith		
Residence Address	16201 CROWN ARBOR WAY		
City and Zip Code	FT. MYERS 33908		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239 218 1870	OR	
Email Address	ElectSmithy@gmail.com		
Office Sought	LMHS Board of Directors District 3		
Area, District, Group Or Seat Number	District 3		
Political Party (if applicable for office sought)			
Date Of Birth Or Voter ID #	4-11-1954		
Date	5-11-12		
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.

SMITH, ROBERT JOHN
16201 CROWN ARBOR WAY
FORT MYERS FL 33908

111379448

12 MAY 11 AM 10:30 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.

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111379448

SMITH, ROBERT JOHN
16201 CROWN ARBOR WAY
FORT MYERS FL 33908

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)

Bob "Smitty" Smith

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

16201 Crown Arbor Way
Fort Myers FL 33908

4. Telephone

(239) 2181870

5. E-mail address

electsmitty@gmail.com

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

LMHS BOARD OF DIRECTORS
District 3

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

CARRIE L. ROOT

11. Mailing Address

8345 SUMNER AVE

12. Telephone

(239) 8988738

13. City

Fort Myers

14. County

Lee

15. State

FL

16. Zip Code

33908

17. E-mail address

CARRIE.ROOT@ROOTCM.COM

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

19. Name of Bank

FLORIDA GULF BANK

20. Address

7580 WINKLER RD

21. City

Fort Myers

22. County

Lee

23. State

FLORIDA

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

5/8/12

26. Signature of Candidate

X Bob Smith

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

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

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

5/8/12

Date

X

Carrie Root

Signature of Campaign Treasurer or Deputy Treasurer

*12MAY11AM1031 SDE LEE CO F1

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)

BOB "SMITTY" SMITH

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

16201 CROWN ARBOR WAY
FORT MYERS FL 33908

4. Telephone

(239) 218-1870

5. E-mail address

electsmitty@gmail.com

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

LEE MEMORIAL HEALTH SYSTEM, DISTRICT 3

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

BOB "SMITTY" SMITH

11. Mailing Address

SAME AS LISTED ABOVE

12. Telephone

() SAME AS ABOVE

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

FLORIDA GULF BANK

20. Address

7580 WINKLER 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

05-11-12

26. Signature of Candidate

X Bob Smitty Smith

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

I, BOB "SMITTY" SMITH, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☐ Campaign Treasurer ☒ Deputy Treasurer.

05-11-12

Date

X Bob Smitty Smith

Signature of Campaign Treasurer or Deputy Treasurer

LEE COUNTY—FLORIDA AFFIDAVIT OF INTENT SPECIAL DISTRICT CANDIDATE

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

State of Florida
County of Lee

SMITH, ROBERT JOHN
16201 CROWN ARBOR WAY
FORT MYERS FL 33908

111379448

I, Bob Smitty Smith, am a candidate for the independent special district office of:
(print name)

Lee HS Board of Directors District 3
(include district name AND district, seat, area or group #)

in the November 6, 2012 General Election. I declare that my only campaign expense, from personal funds, shall be the \$25 candidate-qualifying fee *OR* the signature verification fee for candidates who qualify by the candidate-petition method by submitting the valid signatures of 25 registered voters residing within the District boundaries.

Provided that this is my only campaign expense, I will not be required to: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07. I understand that I am prohibited from expending, collecting, soliciting, or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any additional campaign expense, I understand that prior to doing so, I am required to file Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports, as required by Florida Statute §106.07, with the Lee County Supervisor of Elections.

X Bob Smitty Smith
Signature of Candidate

5-8-12
Date

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository."

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

111379448

SMITH, ROBERT JOHN
16201 CROWN ARBOR WAY
FORT MYERS FL 33908

I, Bob Smith Smith,
candidate for the office of LMHS Board of Directors;
District 3
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Bob Smith Smith
Signature of Candidate

5-8-12
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).

SMITH, ROBERT JOHN
16201 CROWN ARBOR WAY
FORT MYERS FL 33908

Sample Affidavit for Use of Nickname on Ballot

AFFIDAVIT OF (Insert legal name of candidate)

STATE OF FLORIDA

COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared (insert legal name of candidate), who being first duly sworn or placed under affirmation, says:

1. My legal name is Robert J. Smith am over the age of eighteen (18) and the contents of this affidavit are true and correct.

2. I am a candidate for the office of Lee Memorial Health System Board of Director Dist. 3

3. My nickname is Smitty. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. I plan to designate this nickname on my candidate oath as the name I wish to have printed on the ballot when I submit the candidate oath form during the qualifying period for the above office.

4. Attached are (insert #) documents that show that my nickname is one by which I am generally known or is one that I have used as a part of my legal name: (list the title of any documents or affidavits from other persons reflecting that the candidate is generally known by the nickname or that it has been used as part of the candidate's legal name).

Further, affiant sayeth not.

Robert J. Smith

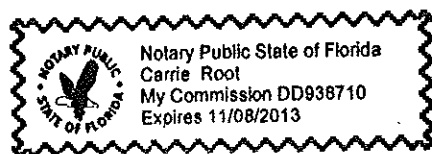
Signature of Affiant

Bob Smitty Smith

Printed/Typed Name of Affiant

Sworn to and subscribed before me this 8th day of May 2012 by (Bob Smitty Smith (insert legal name of candidate)).

(SEAL)



Notary Public

Carrie Root

Carrie Root

Printed Name

Personally known X or Produced Identification _____

Type of Identification Produced _____

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SMITH, ROBERT JOHN
16201 CROWN ARBOR WAY
FORT MYERS FL 33908

CARRIE ROOT
8345 Sumner Ave
Fort Myers, Florida 33908
239-243-8370

Lee County Elections Committee
2480 Thompson Street
Fort Myers, Florida 33901

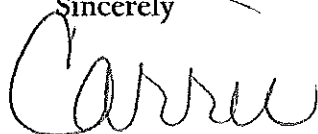
To Whom it May Concern:

I am writing this letter to affirm that I have known Robert Smith since April of 2005. Since the day my husband, my two daughters and myself met Smitty, we have only referred to him as "Smitty". Smitty is a very dear friend to myself and to my family. I was once asked by my daughters who Bob Smith was when he was called by his given name. Smitty and his family became part of our family since moving to Fort Myers in 2006. As we all go through good and bad times in our personal and professional lives, it has always been reassuring to know that Smitty has been there for us in so many different ways. Smitty is a true asset to our community and to my family.

I also would like to add that I highly recommend Smitty as the District 3 Lee Memorial Hospital Board of Directors Candidate.

If you have any questions, or need further information please contact me.

Sincerely



Carrie Root

12 MAY 11 AM 10:31 SDE LEE OF FL

TO THE LEE COUNTY BOARD OF ELECTIONS

My husband Bob Smitty Smith is running for Lee Memorial Hospital Board of Directors in District 3. I have known Smitty since 1970 his legal name is Robert John Smith but for the last 42 years myself and everyone we know refers to him as Smitty, and his mother always referred to him as Bob. Even my son Justin is referred to as Justin Smitty Smith. I can attest that Robert J. Smith has always been known as Bob Smitty Smith.

Sincerely



Diane E. Smith

Date 5-8-12

12PM 11PM 1031 SOE LEE CO FL

Congratulations!

to Robert 'Smitty' Smith for winning the Bob Rose Community Volunteer Award!

Robert Smith has been awarded the fall 1996 Bob Rose Community Volunteer Award, co-sponsored by The Berkshire Eagle and the Junior League of Berkshire County.

Smith, known by everyone as "Smitty," lives in Pittsfield, is married to the former Diane Turner and has two children, Danielle, 17, and Justin, 15. Self employed, he is the owner of Samel's Deli and Catering, B.D. Smith Management (corporate food service management and consulting) and The Brewery at 34 Depot St. He is a former Pittsfield police officer, and now is a member of the Berkshire County Sheriff's Department, the Western Massachusetts Chiefs of Police Gold Badge and the Hibbard School Council.

He also belongs to UNICO, Fagoli, the Massachusetts Restaurant Association, the Central Berkshire Chamber of Commerce, Downtown Pittsfield and the National Caterers Association.

He is a trustee for Berkshire Medical Center, chairman of the Park Commission, co-chairman of government relations for Downtown Pittsfield and president of the board of Kids' Place.

In 1991 Smith started Samel's Youth Association, which raised money for Pittsfield Junior Football. In 1994 the association changed its focus to include all youth activities. Since 1991 it has raised over \$30,000, for Berkshire County's youth. In 1995, \$7,000 was donated to the following organizations: Pittsfield Junior Football, Eagle Santa Fund, Kids' Place, CYC, YMCA Kids Program, Berkshire Prevention Alliance Kids Fair, Boys' & Girls' Club, YMCA Teen Court, Dalton Collegians and the Hibbard School program.

Fall '96 Nominated Volunteers

Richard "Rit" Arpante
Debora Cole-Duffy
Kathy Corbitt
Beatrice Faustine
Jane Hennelly
Paul Hutchinson
Jane Kelley

Gail King
Richard Leja
Jean Lyon
Amy McNally
Diane Morgenstein
Vivian Powers
Mary Ringie

Jeanette Roosevelt
Sharon Semanie
Margaret Tracy
Gladys Traver
Mary Alice Welch
Mary R. White

The
Berkshire
Eagle



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