

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL
 REVISED
 (Please Check One)

Candidate Name	SAWYER C. SMITH		
Residence Address	SMITH, SAWYER CHARLES		111626282
City and Zip Code	P O BOX 39 FORT MYERS FL 33902		
Mailing Address (If Different From Residence)	P O DRAWER 39 FORT MYERS FL 33902		
Telephone Number(s) (Daytime)	(239) 464-7155	OR	
Email Address	info@votesawyer.com		
Office Sought	LEE COUNTY COMMISSION		
Area, District, Group Or Seat Number	DISTRICT 4		
Political Party (If Applicable—For Office Sought)	REPUBLICAN		
Date Of Birth Or Voter Registration ID #	111626282		
Date	11/01/2013		
Candidate Signature			



All candidate-qualifying documents and campaign finance reports will be posted at the Lee County Supervisor of Elections website www.leeelections.com or use the following link: <http://leeelections.com/content.php?l=74>.

Under Florida Law, email addresses are public records; if you do not want your personal email address released to the public, you should create a "campaign-specific" email address. A campaign-specific email address will allow the Lee County Supervisor of Elections to provide a candidate and his/her campaign treasurer with expedited electronic communications and notices in addition to communications and notifications sent via standard USPS mail.

A campaign-specific email address may also provide voters the opportunity to learn more about you and your campaign platform by serving as an alternative method of

SMITH, SAWYER CHARLES
P O BOX 39
FORT MYERS FL 33902

111626282

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

SMITH, SAWYER CHARLES
P O BOX 39
FORT MYERS FL 33902

111626282

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)

Sawyer C. Smith

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

P. O. Drawer 39
Fort Myers, FL 33902

4. Telephone

()

5. E-mail address

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

County Commissioner, District 4

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

Nancy H. Watkins

11. Mailing Address

610 S. Boulevard

12. Telephone

(813) 254-3369

13. City

Tampa

14. County

Hillsborough

15. State

FL

16. Zip Code

33606

17. E-mail address

nwatkins@robertwatkins.com

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

19. Name of Bank

The Bank of Tampa

20. Address

601 Bayshore Blvd.

21. City

Tampa

22. County

Hillsborough

23. State

FL

24. Zip Code

33606

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

11-1-13

26. Signature of Candidate

X 

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

I, Nancy H. Watkins, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/1/13

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)

111626282

SMITH, SAWYER CHARLES
P O BOX 39
FORT MYERS FL 33902

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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)
Sawyer C. Smith

3. Address (include post office box or street, city, state, zip code)
P. O. Drawer 39
Fort Myers, FL 33902

4. Telephone
()

5. E-mail address

6. Office sought (include district, circuit, group number)
County Commissioner, District 4

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 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
Robert I. Watkins

11. Mailing Address
610 S. Boulevard

12. Telephone
(813) 254-3369

13. City
Tampa

14. County
Hillsborough

15. State
FL

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25. Date

11-1-13

26. Signature of Candidate

X

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

I, Robert I. Watkins, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/1/13
Date

X

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

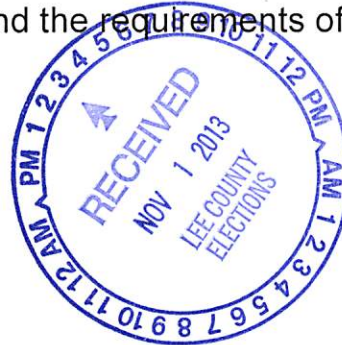
111626282

SMITH, SAWYER CHARLES
P O BOX 39
FORT MYERS FL 33902

I, Sawyer C. Smith,

candidate for the office of County Commissioner, District 4;

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



X

[Handwritten Signature]

Signature of Candidate

11-1-13

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).