

'14 JUN 3 PM 5 49 SOE LEE CO F1

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

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

(PLEASE PRINT OR TYPE)

100461651

MARTIN, STEVEN EDWIN
3701 DEL PRADO BLVD
CAPE CORAL FL 33904

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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)

Steven E. Martin

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

3701 Del Prado Blvd. S.
Cape Coral, FL 33904

4. Telephone

(239) 443-1094

5. E-mail address

esmartin@mlg-legal.com

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

Lee Memorial Health System Board of Directors - Dist 2

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

Eviana J. Martin

11. Mailing Address

3701 Del Prado Blvd S.

12. Telephone

(239) 443-1094

13. City

Cape Coral

14. County

Lee

15. State

FL

16. Zip Code

33904

17. E-mail address

eva@martinlawfirm.com

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

19. Name of Bank

Preferred Community Bank

20. Address

3848 Colonial Blvd, Suite 2

21. City

Fort Myers

22. County

Lee

23. State

Florida

24. Zip Code

33966

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

6/2/2014

26. Signature of Candidate

X

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

I, Eviana J. Martin, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer

6/2/2014

Date

X

Signature of Campaign Treasurer or Deputy Treasurer