

# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

<b>Candidate Name</b>	DOTRES, VICTOR	111339402
<b>Residence Address</b>	9806 COUNTRY OAKS DR FORT MYERS FL 33967	
<b>City and Zip Code</b>		
<b>Mailing Address</b>	<input checked="" type="checkbox"/> Check if same as above. <input type="checkbox"/> Check if different from residence.	
<b>Telephone Number(s)</b>	<input checked="" type="checkbox"/> Daytime (list below)	<input type="checkbox"/> Alternate (list below)
	239-738-2785	OR
<b>Email Address</b>	victordotres@msn.com	
<b>Office Sought</b>	Lee Memorial Health System Board	
<b>Area, District, Group or Seat #</b>	District 1	
<p>➤ Judicial, School Board, Supervisor of Elections, and Special District Offices such as Community Development, Fire, Health System, Library and Mosquito Control are non-partisan offices. A candidate for any of these offices, must indicate "non-partisan" on the line below.</p> <p>➤ A candidate for a Constitutional Office or County Commission may file partisan or "No Party Affiliation" (NPA) and shall indicate a political party affiliation or "No Party Affiliation" on the line below.</p>		
<b>➤ Political Party For Office Sought</b>	Non-Partisan	
<b>Date Of Birth or Voter Registration ID #</b>	111339402	
<b>Date</b>	06/12/14	
<b>Candidate Signature</b>	Victor Dotres	

\*411N20PM 9 32 50E LEE CO FL

All candidate-qualifying documents and campaign finance reports will be posted at the Lee County Supervisor of Elections website [www.leeelections.com](http://www.leeelections.com) or use the following link: [http://www.precinctfind.com/cand\\_lee2.html](http://www.precinctfind.com/cand_lee2.html) . Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. Do not hesitate to contact this office at (239) LEE-VOTE (239-533-8683) for more information about becoming a candidate for public office.

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

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

(PLEASE PRINT OR TYPE)

111339402

DOTRES, VICTOR  
9806 COUNTRY OAKS DR  
FORT MYERS FL 33967

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)

VICTOR DOTRES

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

9806 COUNTRY OAKS DR  
FORT MYERS FL 33967

4. Telephone

839-738-2785

5. E-mail address

victordotres@msn.com

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

LEE MEMORIAL HEALTH SYSTEM  
DISTRICT 1

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

111339402

11 DOTRES, VICTOR  
9806 COUNTRY OAKS DR  
FORT MYERS FL 33967

12. Telephone

( )

13

16. Zip Code

17. E-mail address

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

19. Name of Bank

BANK OF AMERICA

20. Address

10840 MIRAMAR OUTLET DR

21. City

ESTERO

22. County

LEE

23. State

FL

24. Zip Code

33928

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

6/12/2014

26. Signature of Candidate

X [Signature]

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

I, VICTOR DOTRES, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/12/2014  
Date

X [Signature]  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

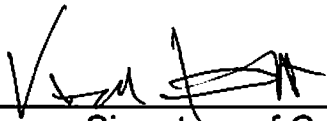
(Please print or type)

**OFFICE USE ONLY**

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DOTRES, VICTOR  
9806 COUNTRY OAKS DR  
FORT MYERS FL 33967

I, VICTOR DOTRES,  
candidate for the office of LEE MEMORIAL HEALTH SYSTEM;  
DISTRICT 1  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X   
Signature of Candidate

6/12/2014  
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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