SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL REVISED					
(PLEASE CHECK ONE)					
Candidate Name	HANCOCK, THOMAS MARVIN 24310 WOODSAGE DR				
Residence Address	HANCOCK, THOMAS MARVIN 24310 WOODSAGE DR BONITA SPRINGS FL 34134				
City and Zip Code	<u> </u>				
Mailing Address (if different)	Check if same as above.				
Telephone Number(s) (Daytime)	239-682-6282 OR				
Email Address	+ for the @ Mindspring.com				
Office Sought	the M Q Minds pring. con SERT Z - Buy siels Improvement Co D. D				
Area, District, Group Or Seat Number	Sent z				
Political Party (if applicable for office sought)	NA				
Date Of Birth Or Voter ID #	13 max 41				
Date	16 gun 14				
Candidate Signature	X Home				

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.

LEE COUNTY—FLORIDA

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	AFF	IDAVIT OF INT	ENT	<u> </u>
	SPECIAL	DISTRICT CAN	IDIDATE	
A special district candidate is pr	ohibited from financin	g ANY PORTION OF his/her campaian v	vith personal funds except as provided	d in this affidavit.
State of Florida County of Lee	HANCOCK, TH 24310 WOODS BONITA SPRIN	IDAVIT OF INT DISTRICT CAN g ANY PORTION OF his/her campalan w 109 IOMAS MARVIN BAGE DR IGS FL 34134 am a candidate for the	1302219	19)ELECOF
·		am a candidate for th	e independent special distr	ict office of:
Payside	CDD	Seat 2		
<u> </u>	(include o	district name AND .district, seat, area o	r group #)	
candidate-petition metho boundaries.	ed by submitting	the valid signatures of 25 re	gistered voters residing wit	hin the District
designate a campaign de §99.061 or §106.07. I un	pository or file position of the position of t	expense, <u>I will not be req</u> periodic campaign treasurer am prohibited from expendection with my campaign.	's reports as required by F	lorida Statutes
additional campaign exp (Appointment of Campa Supervisor of Elections. I Florida Statutes, Chapter	pense, I underst pign Treasurer/(i My campaign sha 106 and I will be	olicit, or accept any money tand that <u>prior to doing s</u> Designation of Campaign l all then be subject to campa e required to file periodic ca nty Supervisor of Elections.	o, I am required to file Depository Form) with thiggs in a	Form DS-DE 9 ne Lee County ccordance with
x //			169	Jrss 18
Signature of Candidate			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.