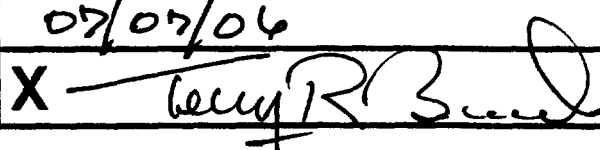


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

| | |
|---|--|
| Candidate Name <small>(as it will appear on ballot)</small> | BEARD, TERRY R 111459759 |
| And Residence Address | 1411 ARGYLE DR FORTMYERS FL 33919 |
| Mailing Address <small>(If Different)</small> | |
| Telephone Number(s) <small>(Daytime)</small> | 432-3835 OR 936-1044 |
| Email Address | TRWISKERS @ AOL.COM |
| Office S t | DIST #2 HOSPITAL BOARD |
| Area, District, Group Or Seat Number | |
| Political Party <small>(If Applicable)</small> | REP. |
| Date Of Birth Or Voter ID# | 08/21/1941 |
| Date | 07/07/06 |
| Candidate Signature | X  |

Candidates who provide an **email** address may be contacted by this office, via the email address provided by the candidate, for campaign related communications that pertain exclusively to the candidate's campaign.

All other mailings from this office, which pertain to every candidate, will be made via United States Postal Service.

1

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
Section 106.021(1) FS

CHECK APPROPRIATE BOX PLEASE TYPE OR PRINT

ORIGINAL APPOINTMENT DEPUTY TREASURER REAPPOINTMENT OF TREASURER SECONDARY DEPOSITORY

| | |
|---|---|
| Nr BEARD, TERRY R 1411 ARGYLE DR FORT MYERS FL 33919 | Address (include P O Box, street, city, state, zip code) |
| To | Office Sought (include district, circuit or group number) |

06 JUL 20 10 35 AM '06
SDF Lee Co FL

I have appointed the following person to act as my campaign treasurer deputy treasurer

| |
|---|
| Name of Treasurer or Deputy Treasurer MR. SCOTT BEATTY |
|---|

| | | | |
|---|---------------------|-------------|-------------------|
| Mailing Address (if P O Box or drawer add street address) 1406 ARGYLE DR | Telephone (Daytime) | | |
| City FT. MYERS | County LEE | State FL | Zip Code 33919 |

I have designated the following financial institution as my campaign depository

| | | | |
|-------------------------------|--------------------------------------|-------------|-------------------|
| Name of Bank COLONIAL BANK | Street Address COLLEGE & MCGREGOR | | |
| City FT MYERS | County LEE | State FL | Zip Code 33919 |

I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS

| | | |
|--|-------------------------|--|
| Signature of Candidate X <u>Terry R Beard</u> | Date Signed 07/19/06 | Voter ID# or Date of Birth 08/21/1941 |
|--|-------------------------|--|

CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, SCOTT BEATTY, do hereby accept the appointment as
 (Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of TERRY R BEARD
 (Name of Candidate)

who is seeking nomination or election as a DIST 2 SEAT LEE MEMORIAL candidate to the office of
 (Party) (for Partisan Candidates Only)

BOARD OF DIRECTORS LEE MEMORIAL HEALTH SYSTEMS a duly registered voter in _____ County,
 (Office Sought)

Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

| | |
|---|-------------------------------|
| X <u>Scott G. Beatty</u> Signature of Campaign Treasurer or Deputy Treasurer | <u>7-20-06</u> Date Signed |
|---|-------------------------------|

2

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

Section 106.021(1) FS

CHECK APPROPRIATE BOX PLEASE TYPE OR PRINT

ORIGINAL APPOINTMENT DEPUTY TREASURER REAPPOINTMENT OF TREASURER SECONDARY DEPOSITORY

| | | |
|---|-----------|---|
| Name of | 111459759 | Address (include P O Box, street, city, state, zip code) |
| BEARD, TERRY R 1411 ARGYLE DR FORT MYERS FL 33919 | | |
| Telephor | | Office Sought (include district, circuit or group number) |
| | | |

06 JUL 20 PM 10:58 SDE Lee Co FL

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

Name of Treasurer or Deputy Treasurer
TERRY R. BEARD

Mailing Address (if P O Box or drawer add street address) 1411 ARGYLE Dr Telephone (Daytime) 432-3835

City FT. MYERS County LEE State FL Zip Code 33919

I have designated the following named bank as my Primary Depository Secondary Depository

Name of Bank COLONIAL BANK Street Address COLLEGE & MCGREGOR BL

City FT. MYERS County LEE State FL Zip Code 33919

I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS

Signature of Candidate X Terry R Beard Date Signed 07/17/06 Voter ID# or Date of Birth 08/21/1941

CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, TERRY R. BEARD, do hereby accept the appointment as
(Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of TERRY R. BEARD
(Name of Candidate)

who is seeking nomination or election as a (REP) DISTRICT 2. candidate to the office of
(party) (for Partisan Candidates Only)

BOARD of Directors WEE MEMORIAL SYSTEM. As a duly registered voter in LEE County,
(Office Sought)

Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

X Terry R Beard 07/17/06
Signature of Campaign Treasurer or Deputy Treasurer Date Signed

STATEMENT OF CANDIDATE LEE COUNTY - FLORIDA

FLORIDA STATUTE CHAPTER 106.023

Each candidate must file a statement of candidate with the qualifying officer within 10 days after he files his Appointment of Campaign Treasurer and Designation of Campaign Depository. Willful failure to file this form is a violation of FS 106.19(1)(c) and FS 106.25(3).

STATEMENT OF CANDIDATE

PLEASE PRINT

I, TERRY R. BEARD, a candidate for the office of
Name of Candidate
District #2 BOARD of Directors LEE MEMORIAL
HEALTH SYSTEM, have received, read, and
Office Sought (Include district, circuit, or group number)

**understand the requirements of Chapter 106, Florida Statutes.

X Terry R Beard
Signature of Candidate

07/17/06
Date Signed

**The execution and filing of the statement of candidate does not in and of itself create a presumption that any violation of this chapter or Chapter 104 is a willful violation as defined in s. 106.37.

| | |
|--|--|
| <p><u>MAIL TO:</u> Qualifying Officer Lee County Elections Office P O Box 2545 Fort Myers FL 33902-2545</p> | <p><u>DELIVER IN PERSON:</u> Lee County Constitutional Complex Lee County Elections Office 3rd Floor 2480 Thompson Street Fort Myers FL 33901</p> |
|--|--|

SHARON L. HARRINGTON
Supervisor of Elections
Lee County - Florida
239 LEE VOTE
239-533-8683