

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name <small>(as it will appear on ballot)</small>	Isabelle D. Cavanagh		
And Residence Address	2306 NW 44 th Place Cape Coral, FL 33993		
Telephone Number(s) <small>(Daytime)</small>	239-282-9587	OR	
Email Address			
Office Sought	County Court Judge		
Area, District, Group Or Seat Number	Group 8		
Political Party <small>(If Applicable)</small>	Non-partisan		
Date Of Birth Or Voter ID #	January 17, 1961		
Date	07/03/06		
Candidate Signature	X <i>Isabelle D. Cavanagh</i>		

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**.

06JUL03PM1013 SOE Lee Co F1

JUDICIAL STATEMENT OF CANDIDATE
LEE COUNTY - FLORIDA

FLORIDA STATUTE CHAPTER 105.031

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 JUDICIAL CANDIDATE

PLEASE PRINT

I, Isabelle D. Cavanagh candidate for the office of
Name of Judicial Candidate

County Court Judge Group 8, have received, read, and
Office Sought (include district, circuit, or group number)

=*understand the requirements of the Florida Code of Judicial Conduct and Chapter 106, Florida Statutes.

X Isabelle D. Cavanagh
Signature of Candidate

07/03/06
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>
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SHARON L. HARRINGTON
Supervisor of Elections
Lee County - Florida
239 LEE VOTE
239-339-6300

05 JUL 03 PM 10:13:30 DE Lee Co FL

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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 Candidate (AS YOU WANT IT TO APPEAR ON BALLOT) Isabelle D. Cavanagh	Address (Include P O Box, street, city, state, zip code) P.O. Box 31 Fort Myers, FL 33902
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Telephone (Daytime) 239-282-9587	Party (Partisan Candidates Only)	Office Sought (Include district, circuit or group number) County Court Judge Group 8
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

Name of Treasurer or Deputy Treasurer Kristin Modes

Mailing Address (if P O Box or drawer add street address) 3800 34th Street Apt. D-192	Telephone (Daytime) (239) 560-0361		
City Graineville	County Alachua	State FL	Zip Code 32608

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

Name of Bank Suntrust	Street Address 15051 N. Cleveland Ave.		
City N. Ft. Myers	County Lee	State FL	Zip Code 33903

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

Signature of Candidate X Isabelle D. Cavanagh	Date Signed 07/02/06	Voter ID# or Date of Birth 01/17/41
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CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, Kristin Modes do hereby accept the appointment as
(Print or Type)

Campaign Treasurer Deputy Treasurer for the Campaign of Isabelle D. Cavanagh
(Name of Candidate)

who is seeking nomination or election as a _____ candidate to the office of
(Party) (for Partisan Candidates Only)

_____ County Court Judge Grp 8. As a duly registered voter in Alachua 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.

Signature of Campaign Treasurer or Deputy Treasurer X Kristin Modes	Date Signed 7/2/06
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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 P

ORIGINAL APPOINTMENT DEPUTY TREASURER OF TREASURER SECONDARY DEPOSITORY

Name of Candidate (AS YOU WANT IT TO APPEAR ON BALLOT) Isabelle D. Cavanagh		Address (Include P O Box, street, city, state, zip code) P.O. Box 31 Fort Myers, FL 33902	
Telephone (Daytime) 239-282-9587	Party (Partisan Candidates Only) '	Office Sought (include district, circuit or group number) County Court Judge Group 8	
I have appointed the following person to act as my		<input checked="" type="checkbox"/> Campaign Treasurer	<input checked="" type="checkbox"/> Deputy Treasurer
Name of Treasurer or Deputy Treasurer Isabelle D. Cavanagh			
Mailing Address (If P O Box or drawer add street address) P.O. Box 31		Telephone (Daytime) 239-282-9587	
City Fort Myers	County Lee	State FL	zip Code 33902
I designated the following named bank as my		<input type="checkbox"/> Primary Depository	<input type="checkbox"/> Secondary Depository
Name of Bank SUNTRUST		Street Address 15051 N. Cleveland Ave	
City N. Ft. Myers	County Lee	State FL	Zip Code 33903
I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS			
Signature of Candidate X Isabelle D. Cavanagh		Date Signed 07/03/06	Voter ID# or Date of Birth 01/17/61
CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT			
I, <u>Isabelle D. Cavanagh</u> , do hereby accept the appointment as (Print or Type)			
<input type="checkbox"/> Campaign Treasurer		<input checked="" type="checkbox"/> Deputy Treasurer for the campaign of <u>Isabelle D. Cavanagh</u> (Name of Candidate)	
who is seeking nomination or election as a _____ candidate to the office of (Party) (for Partisan Candidates Only)			
<u>County Court Judge Grp 8</u> . As a duly registered voter in <u>Lee</u> 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 Isabelle D. Cavanagh Signature of Campaign Treasurer or Deputy Treasurer		<u>7/3/06</u> Date Signed	

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