

RECEIVED  
SUPERVISOR

# NON-PARTISAN CANDIDATE LOYALTY OATH

Sections 876.05-876.10 Florida Statutes  
CANDIDATES WITH NO PARTY AFFILIATION  
STATE OF FLORIDA  
LEE COUNTY

PLEASE PRINT

FIRSTNAME	MIDDLENAME / INITIAL	LAST NAME
A.	WALDO	FARABEE

I am a citizen of the State of Florida and of the United States of America, and a candidate for public office, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

## OATH OF CANDIDATE

Section 99.021 Florida Statutes

### IMPORTANT NOTICE TO ALL CANDIDATES

READ CAREFULLY. YOU CANNOT CHANGE THE WAY YOU WANT YOUR NAME TO APPEAR ON THE BALLOT AFTER THE END OF QUALIFYING

PRINT NAME BELOW AS YOU WANT IT TO APPEAR ON THE BALLOT

I, A. WALDO FARABEE, am a candidate for the  
PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office of LEE MEMORIAL HOSP BD DIST 5  
OFFICE DISTRICT CIRCUIT

~~GROUP~~ I am a qualified elector of LEE County, Florida. I am

qualified under the Constitution and Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office which I am required to resign pursuant to Section 99.012, Florida Statutes.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.**

SIGN HERE:

A. Waldo Farabee  
Signature of Candidate

5-22-00  
Date Signed

2150 SOUTH ST  
Mailing Address

(941) 332-4568  
Daytime Telephone #

N/A  
Fax Telephone Number

FORT MYERS FL 33901  
City/ZIPCODE

**FORM 1 STATEMENT OF FINANCIAL INTERESTS 1999**

9000 37

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:  CHECK EITHER <input checked="" type="checkbox"/> DECEMBER 31, 1999 <input type="checkbox"/> OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____	NAME OF YOUR AGENCY:  JUL 11 12 3 11 00
LAST NAME - FIRST NAME - MIDDLE NAME: FARABEE, A. WALDO	CHECK <u>ONE</u> OF THE FOLLOWING CATEGORIES: <input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input checked="" type="checkbox"/> CANDIDATE  <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
MAILING ADDRESS: 2150 SOUTH ST FORT MYERS FL 33901 LEE	LIST OFFICE OR POSITION HELD OR SOUGHT: <u>LEE MEMORIAL HOSPITAL BOARD DIST 5</u>
CITY: ZIP: COUNTY:	

**NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.**

**PART A — PRIMARY SOURCES OF INCOME** [Sources exceeding 5% of gross income]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SOCIAL SECURITY	US GOVT	RETIREMENT
BD OF PENSIONS - UNITED METHODIST CHURCH	EVANSTON, IL	RETIREMENT PENSION

**PART B - SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON** [Major customers, clients, etc.]

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<div style="display: flex; justify-content: space-around; font-size: 2em;"> <span>N</span> <span>A</span> </div>		

**PART C — REAL PROPERTY** [Land, buildings]

<div style="display: flex; justify-content: space-around; font-size: 2em;"> <span>N</span> <span>A</span> </div>	

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3 of this packet.

**OTHER FORMS** you may need to file are described on page 6.

(Continued on p.2)

REGISTRATION  
SUPERVISOR OF  
ELECTIONS

JUL 12 11 11 AM '00

**CANVASSING BOARD MEETINGS**  
**For**  
**FALL 2000 ELECTIONS**

**FIRST PRIMARY**

Friday September 1 @ 8:00 am	Canvass absentee ballots
Friday September 1 @ 1:00 pm	Test the tabulating equipment
Tuesday September 5 @ 8:00 am	Canvass absentee ballots
Wednesday September 6 @ 8:00	Certify the Election

**SECOND PRIMARY**

Friday September 29 @ 8:00 am	Canvass absentee ballots
Monday October 2 @ 1:00 pm	Test the tabulating equipment
Tuesday October 3 @ 8:00 am	Canvass absentee ballots
Wednesday October 4 @ 8:00 am	Certify the Election

**GENERAL ELECTION**

Friday November 3 @ 8 :00 am	Canvass absentee ballots
Monday November 6 @ 1:00 pm	Test the tabulating equipment
Tuesday November 7 @ 8:00 am	Canvass absentee ballots
Wednesday November 8 @ 8:00 am	Certify the Election

I acknowledge that I am in receipt of this notice.

*A. Waldo Farabee*

Signature of Candidate

*5-22-00*

Date

*A. WALDO FARABEE*