

NON-PARTISAN CANDIDATE LOYALTY OATH

Sections 876.05-876.10, Florida Statutes
CANDIDATES WITH NO PARTY AFFILIATION

STATE OF FLORIDA
LEE COUNTY

PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
Robert	W	Lisenbee

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, Bob Lisenbee, am a candidate for the
PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office of school Board 2
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:

Robert Lisenbee
Signature of Candidate

7/17/00
Date Signed

PO Box 6042
Mailing Address

(941) 332-0951 (941) 337-0973
Daytime Telephone # Fax Telephone Number

Ft Myers, FL 33911
City/ZIP CODE

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 1999

LAST NAME — FIRST NAME — MIDDLE NAME: <i>Lisenbee Robert Watt</i>	NAME OF AGENCY:
MAILING ADDRESS: <i>PO Box 6042</i>	OFFICE HELD: <input type="checkbox"/> OFFICER
CITY: <i>Ft. Myers</i> ZIP: <i>33911</i> COUNTY: <i>LEE</i>	OFFICE SOUGHT: <input checked="" type="checkbox"/> CANDIDATE <i>School Board Dist 2</i>
	POSITION: <input type="checkbox"/> OTHER

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.

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 — NET WORTH

Please enter the value of your net worth as of December 31, 1999, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of 7-17-00, 19 ___ or 2000 was \$ 204,100.00

PART B- ASSETS WORTH MORE THAN \$1,000

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 23,900

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
<i>ACREAGE - 50. Jones Loop Rd & I-75 Overpass, Punta Gorda</i>	<i>220,800</i>

PART C- LIABILITIES IN EXCESS OF \$1,000

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>Federal Land Bank - Arcadia, FL</i>	<i>39,600</i>

PART D — INCOME

You may **EITHER** (1) file a complete copy of your 1999 federal income tax return, including all attachments, OR (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D on page 2 of this form.

I elect to file a copy of my 1999 federal income tax return. [If you check this box and attach a copy of your 1999 tax return, you need not complete the remainder of Part D.]

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

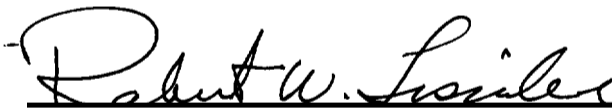
SECOND PRIMARY

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

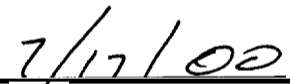
GENERAL ELECTION

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.



Signature of Candidate



Date

RECEIVED
SUPPORTERS OF
ELECTIONS
JUL 17 11 07 AM '02