

PARTISAN CANDIDATE LOYALTY OATH

Sections 876.05-876.10, Florida Statutes
STATE OF FLORIDA
LEE COUNTY

PLEASE PRINT

FIRST NAME	MIDDLENAME/INITIAL	LAST NAME
CHARLES	W.	DiFelice

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, CHARLES W. DiFelice, am a candidate for the
PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office of LEE Co. TAX COLLECTOR DISTRICT _____ CIRCUIT _____
OFFICE DISTRICT CIRCUIT

I am a qualified elector of _____ County, Florida.

GROUP _____

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.

STATEMENT OF PARTY

Section 99.021 Florida Statutes

I am a member of the REPUBLICAN arty. I am not a registered member of any other political party and have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify. I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

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:

Charles W. DiFelice
Signature of Candidate

7-17-00
Date Signed

CHARLES DIFELICE
P O BOX 536
FORT MYERS FL 33902

(941) 691-2536 ()
Daytime Telephone # Fax Telephone Number

Modified for Lee County only. 04-99 DOE APPROVED 64-99

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 1999

LAST NAME -- FIRST NAME-MIDDLE NAME: M. CHARLES DIFELICE P O BOX 536 FORT MYERS FL 33902 COUNTY:	NAME OF AGENCY: <p style="font-size: 1.2em; text-align: center;"><i>LEE CO. TAX COLLECTOR</i></p> OFFICE HELD: <input type="checkbox"/> OFFICER <input type="checkbox"/> CANDIDATE <input type="checkbox"/> OTHER OFFICE SOUGHT: <p style="font-size: 1.2em; text-align: center;"><i>TAX COLLECTOR</i></p> POSITION: " "
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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, 19__ or 2000 was \$ 155,000.

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 \$ 35,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
*AUTOMOBILES - (EQUITY)	57,000
*HOME (EQUITY) 702 WILLOW DR, LA, FL 33936	70,000
*BANK ACCT, C.D., SAVINGS, DEFERRED COMP *SUNCOAST SCHOOLS CREDIT UNION "PEBSLO"	45,000
*BOAT	30,000

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SUNCOAST SCHOOLS CREDIT UNION - MORTGAGE 25 HOMESTEAD RD LA 33936	69,500
SUNCOAST SCHOOLS CREDIT UNION - BOAT 25 HOMESTEAD LA 33936	19,000
FORD MOTOR CREDIT	33,000

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.]

