

# NON-PARTISAN CANDIDATE LOYALTY OATH

Sections 876.05-876.10, Florida Statutes  
 CANDIDATES WITH NO PARTYAFFILIATION  
 STATE OF FLORIDA  
 LEE COUNTY

## PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
Darryll	R.	Bauchert, Sr.

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

office of Lee Memorial Hospital Board 3 N/A  
OFFICE DISTRICT CIRCUIT

N/A 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:**

  
 \_\_\_\_\_  
 Signature of Candidate

6/9/00  
 \_\_\_\_\_  
 Date Signed

1455 Carmelle Drive  
 Mailing Address

(941) 489-3003  
 Daytime Telephone #

(941) 489-2003  
 Fax Telephone Number

Fort Myers, FL 33919

**City/ZIPCODE**

# FORM 1 STATEMENT OF FINANCIAL INTERESTS 1999

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:

NAME OF YOUR AGENCY:

CHECK EITHER DECEMBER 31, 1999  OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

*Lee Memorial Hospital*

LAST NAME - FIRST NAME - MIDDLE NAME:  
*BAUCHERT, DARRELL RICHARD Sr.*

CHECK ONE OF THE FOLLOWING CATEGORIES:

MAILING ADDRESS:  
*1455 Carmelike Dr.*

LOCAL OFFICER  STATE OFFICER  CANDIDATE

SPECIFIED STATE EMPLOYEE

CITY: *Ft. Myers* ZIP: *33919* COUNTY: *Lee*

LIST OFFICE OR POSITION HELD OR SOUGHT:  
*Board of Directors - District 3*

**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
<i>FSC Securities Corporation</i>		<i>Securities Broker/Dealer</i>
<i>FSC Agency, Inc</i>		<i>Insurance Agency</i>

**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
<del><i>Darrell Bauchert &amp; Assoc. Inc.</i></del> <i>DIA - Columbus Financial Group</i>	<del><i>Ft. Myers, FL 33919</i></del> <i>8160 College Parkway Suite 800</i> <i>8060 College Parkway Suite 800</i> <i>Ft. Myers, FL 33919</i>	<del></del> <i>Financial Planning &amp; Insurance</i> <i>Registered Investment Advisor</i>
<i>Darrell R. Bauchert, Jr., MBA, CFP</i>		

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

<i>N/A</i>

**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)

**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

09/12/00  
\_\_\_\_\_  
Date

NOV 12 12 57 PM '00  
SUPERVISOR OF  
ELECTIONS