

# PARTISAN CANDIDATE LOYALTY OATH

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

## PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
FRANCIS (FRANK)	G.	CASSIDY

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, CASSIDY, FRANCIS (FRANK) G., am a candidate for the  
PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office of SHERIFF 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.

## STATEMENT OF PARTY

Section 99.021 Florida Statutes

I am a member of the REPUBLICAN party. 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:

[Signature]  
Signature of Candidate

7/10/06  
Date Signed

4414 SW 15TH AVE  
Mailing Address

0549-7822  
Daytime Telephone #

(941) 272-0672  
Fax Telephone Number

CAPE CORAL FL 33914  
City/ZIP CODE

DS-DE 24 (08/99) This form has been modified for Lee County only.

04-99 DOE APPROVED 04-99

# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 1999

LAST NAME — FIRST NAME — MIDDLE NAME: <b>CASSIDY, FRANCIS (FRANK) G.</b>	NAME OF AGENCY:
MAILING ADDRESS: <b>4414 SW 15TH AVE</b>	OFFICE HELD:
CITY: <b>CAPE CORAL FL 33914</b> COUNTY: <input checked="" type="checkbox"/>	OFFICESOUGHT:
ZIP:	POSITION: <b>SHERIFF</b>
<input type="checkbox"/> OFFICER <input type="checkbox"/> CANDIDATE <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 July 10 ~~1999~~ or 2000 was \$ ~~6,256.87~~ **10,085.33**

### 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 \$ 8,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET	VALUE OF ASSET
IRA - UNION PLANTERS BANK, N.A. P.O. BOX 52080, MIAMI, FL 33152	6,256.87
HOME & PROPERTY - 4414 SW 15TH AVE, CAPE CORAL FL 33914	
SMAR #	91,000.00
CHECKING ACCT - SOUTHWEST BANK	3927.56

### PART C — LIABILITIES IN EXCESS OF \$1,000

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MIDLAND MORTGAGE / P.O. BOX 26648, OK CITY, OK 73126-0648	63019.10
CONSECO MORTGAGE / 7300 S. KYRENE RD., TEMPE, AZ, 85283	32659.45
CHASE - VISA / P.O. BOX 15007, WILMINGTON, DE, 19850-5007	<del>22,459.26</del> 265.77
HOUSEHOLD RETAIL FINANCE - P.O. BOX 17602, BALTIMORE, MD, 21297-1602	1154.90

### 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

7, 15 00  
\_\_\_\_\_  
Date

JUL 19 8 30 AM '00

RECEIVED  
SECRETARY OF  
STATE