

# 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
John	J	Mc DOUGALL

I am a citizen of the State of Florida and of the United States of America, and a candidate for public office. I 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, John J. Mc Dougall am a candidate for the  
PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office of Sheriff of Lee County DISTRICT \_\_\_\_\_ CIRCUIT \_\_\_\_\_  
OFFICE

I am a qualified elector of Lee 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 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:

John J. Mc Dougall  
Signature of Candidate

7-17-00  
Date Signed

14750 Six Mile Cypress Parkway  
Mailing Address

(941) 477-1010  
Daytime Telephone #

(941) 477-103  
Fax Telephone Number

Ft. Myers, 33912  
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:

NAME OF AGENCY: **Lee County Sheriff's Office**

**JOHN MCDOUGALL  
SHERIFF**

OFFICER

OFFICE HELD:  
**Sheriff**

14750 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FL 33912-4406

CANDIDATE

OFFICE SOUGHT:

OTHER

POSITION:

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 December 31, 1999 or 20     was \$ 166,044.65

### PART B- ASSETS WORTH MORE THAN \$1,606

**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 \$ 77,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,060:**

DESCRIPTION OF ASSET	VALUE OF ASSET
1011 Wyomi Drive (Residence) Fort Myers, Florida 33919	\$180,000.00
Deferred Compensation (NACO)	48,143.00

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Northern Trust Bank of Fl., 8060 College Parkway, SW, Fort Myers, Fl 33919 (Mortgage)	\$ 04,906.09
Village Banc of Naples, Post Office Box 8719, Naples, Fl. 34101 (2nd Mortgage)	18,076.53
Bank of America, Post Office Box 2269, Brea, California 92822 (Leased Car-Personal)	2,015.73

### 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.)

(Part D, Continued)

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Office of the Sheriff, Lee County	14750 Six Mile Cypress Pkvw. Fort Myers, Florida 33912	\$120,291.62

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES: [Ownership or positions in certain types of businesses--see instructions]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS: ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete..

OATH STATE OF FLORIDA COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 23rd day of June, 2000 by \_\_\_\_\_

*Susan C. McVeigh*  
 Susan C. McVeigh (Signature of Notary Public--State of Florida)  
 MY COMMISSION # CC879506 EXPIRES November 3, 2003  
 BONDED THRU TRUCKEER INSURANCE, INC.  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

*[Signature]*  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

**FILING INSTRUCTIONS**

**WHAT TO FILE:** After completing the form, file only the first sheet (pages 1 and 2). Note: You also may be required to file Form 10 at the back of this packet (see the form for instructions).

**WHERE TO FILE:** Office-holders file with the Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. Candidates file with the officer before whom they qualify.

**WHEN TO FILE:** Officeholders must file no later than July 1, 2000. Candidates must file prior to or at the time they qualify.

# FORM 10

# ANNUAL DISCLOSURE OF GIFTS FROM GOVERNMENTAL ENTITIES AND DIRECT SUPPORT ORGANIZATIONS AND HONORARIUM EVENT RELATED EXPENSES

LAST NAME — FIRST NAME — MIDDLE NAME: <b>McDougall, John, J.</b>	THIS STATEMENT REFLECTS GIFTS AND HONORARIUM EVENT RELATED EXPENSES RECEIVED DURING 1999. YOU NEED NOT FILE THIS FORM IF YOU HAVE NOTHING TO REPORT ON IT.
MAILING ADDRESS: <b>14750 Six Mile Cypress Parkway</b>	NAME OF AGENCY: <b>Lee County Sheriff's Office</b>
CITY: <b>Fort Myers</b> ZIP: <b>33912</b> COUNTY: <b>Lee</b>	OFFICE OR POSITION HELD: <b>Sheriff</b>

**NOTICE: Under provisions of Sec. 112.317, Fla. Stat., a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a fine up to \$10,000.**

**PART A — GIFTS (HAVING A PUBLIC PURPOSE) FROM GOVERNMENTAL ENTITIES**

NAME OF PERSON PROVIDING GIFT(S) IN 1999	TOTAL VALUE OF GIFTS FROM THAT PERSON	DESCRIPTION OF INDIVIDUAL GIFTS	DATE EACH GIFT RECEIVED
<b>Staff and Employees of Lee County Sheriff's Office</b>	<b>\$1,583.00</b>	<b>Stero System</b>	<b>12/04/99</b>
<b>Major Rod Shoap Staff Member of Lee County Sheriff's Office</b>	Value Unknown	<b>Used Zipper Gun Pouch</b>	1999

**PART B- GIFTS FROM DIRECT SUPPORT ORGANIZATIONS**

NAME OF PERSON PROVIDING GIFT(S) IN 1999	TOTAL VALUE OF GIFTS FROM THAT PERSON	DESCRIPTION OF INDIVIDUAL GIFTS	DATE EACH GIFT RECEIVED

**PART C- HONORARIUM EVENT RELATED EXPENSES**

	EVENT # 1	EVENT # 2	
NAME OF PERSON PAYING EXPENSES			<b>INSTRUCTIONS</b> on who must file this form and how to fill it out are on the reverse side.  <b>FILING INSTRUCTIONS</b> for when and where to file this form are located on the reverse side.
ADDRESS OF PERSON			
AFFILIATION OF PERSON			
AMOUNT OF HONORARIUM EXPENSES			
DATE(S) OF THE EVENT			
DESCRIPTION OF EXPENSES PAID ON EACH DAY			
TOTAL VALUE OF EXPENSES FOR THE EVENT			

(Continued on reverse side)

RECEIVED  
 OFFICE OF  
 SUPPORT SERVICES  
 JAN 11 3 11 PM '99



Tax and Credits

Standard Deduction for Most People
Single: \$4,300
Head of household: \$6,350
Married filing jointly or Qualifying widow(er): \$7,200
Married filing separately: \$3,600

34 Amount from line 33 (adjusted gross income)
35a Check if: c You were 65/older, Blind; Spouse was 65/older, Blind.
36 Enter your itemized deductions from Schedule A, line 28, Or standard deduction
37 Subtract line 36 from line 34
39 Taxable income. Subtract line 38 from line 37.
40 Tax (see instrs). Check if any tax is from a Form(s) 8814 b Form 4972
41-47 Various credits and deductions
48 Add lines 41 through 47. These are your total credits
49 Subtract line 48 from line 40.

Table with 2 columns: Line number, Amount. Rows 34-49.

Other Taxes

50 Self-employment tax. Attach Schedule SE
51 Alternative minimum tax. Attach Form 6251
52 Social security and Medicare tax on tip income not reported to employer.
53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required
54 Advance earned income credit payments from Form(s) W-2
55 Household employment taxes. Attach Schedule H
56 Add lines 49-55. This is your total tax

Table with 2 columns: Line number, Amount. Rows 50-56.

Payments

57 Federal income tax withheld from Forms W-2 and 1099
59 1999 estimated tax payments and amount applied from 1998 return
59a Earned income credit Attach Schedule EIC if you have a qualifying child.
60 Additional child tax credit. Attach Form 8812
61 Amount paid with request for extension to file (see instructions)
62 Excess social security and RRTA tax withheld (see instrs)
63 Other payments. Check if from a Form 2439 b Form 4136
64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments

Table with 2 columns: Line number, Amount. Rows 57-64.

Refund

Have it directly deposited! See instructions and fill in 66b, 66c, and 66d.

65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you Overpaid
66a Amount of line 65 you want Refunded to You
67 Amount of line 65 you want Applied to Your 2000 Estimated Tax

Table with 2 columns: Line number, Amount. Rows 65-67.

Amount You Owe

68 If line 56 is more than line 64, subtract line 64 from line 56. This is the Amount You Owe. For details on how to pay, see instructions
69 Estimated tax penalty. Also include on line 68

Table with 2 columns: Line number, Amount. Rows 68-69.

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature and occupation fields for taxpayer and spouse. Taxpayer: Sheriff, Spouse: homemaker.

Paid Preparer Use Only

Preparer's Signature, Date, Firm's Name (Self-prepared by), EIN, 7IP Code.

Schedule A  
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

1999  
07

Department of the Treasury  
Internal Revenue Service (99)

Attach to Form 1040.  
See Instructions for Schedule A (Form 1040).

Name(s) Shown on Form 1040

Your Social Security Number

John J & Gloria J McDougall

1029-30 440

<b>Medical and Dental Expenses</b>		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 34	2	1,210		
3	Multiply line 2 above by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
<b>Taxes You Paid</b>		5			
5	State and local income taxes	6	1,456.		
6	Real estate taxes (see instructions)	7			
7	Personal property taxes	8			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			1,456.
<b>Interest You Paid</b>		10	8,462.		
10	Home mortgage interest and points reported to you on Form 1098	11			
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address.	12			
12	Points not reported to you on Form 1098. See instructions for special rules	13			
13	Investment interest. Attach Form 4952 if required. (See instructions.)	14			8,462.
14	Add lines 10 through 13	15	850.		
<b>Gifts to Charity</b>		16			
15	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	17			
16	Other than by cash or check. If any one gift is \$250 or more, see instructions. You must attach Form 8283 if over \$500	18			850.
17	Carryover from prior year	19			
18	Add lines 15 through 17	20			
<b>Casualty and Theft Losses</b>		21			
19	Casualty or theft loss(es). Attach Form 4664. (See instructions.)	22			
<b>Job Expenses and Most Other Miscellaneous Deductions</b>		23			
20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or 2106-U if required. (See instructions.)	24			
21	Tax preparation fees	25			
22	Other expenses - investment, safe deposit box, etc. List type and amount	26			
23	Add lines 20 through 22	27			
24	Enter amount from Form 1040, line 34	28			
25	Multiply line 24 above by 2% (.02)	29			
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	30			
<b>Other Miscellaneous Deductions</b>		31			
27	Other - from list in the instructions. List type and amount	32			
<b>Total Itemized Deductions</b>		33			10,768.
28	Is Form 1040, line 34, over \$126,600 (over \$63,300 if married filing separately)?	34			
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36.	35			
	<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.	36			

BAA For Papemork Reduction Act Notice, see separate instructions.

FDIA0301 10/27/99

Schedule A (Form 1040) 1999

<b>a</b> Control number 1		<b>Copy C For EMPLOYEE'S RECORDS</b> (See Notice to Employee on back of Copy "B") or OMB No. 1545-0008 <b>Copy 2</b> to be Filed With Employee's State, City or Local Income Tax Return				
<b>b</b> Employer identification number 59-6000705		<b>1</b> Wages, tips, other compensation 120291.62		<b>2</b> Federal income tax withheld 23725.53		
<b>c</b> Employer's name, address, and ZIP code LEE COUNTY OFFICE OF SHERIFF 14750 SIX MILE CYPRESS PARKWAY FORT MYERS FL 33912		<b>3</b> Social security wages 72600.00		<b>4</b> Social security tax withheld 4501.20		
		<b>5</b> Medicare wages and tips 120291.62		<b>6</b> Medicare tax withheld 1744.23		
		<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Employee's social security number 029-30-0440		<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits		
<b>e</b> Employee's name, address, and ZIP code JOHN J MCDUGALL 1011 WYOMI DRIVE FT, MYERS FL 33919		<b>11</b> Nonqualified plans		<b>12</b> Benefits included in box 1		
		<b>13</b> See instrs. for box 13 C 1298.00		<b>14</b> Other Col.Pre- 765.44		
		<b>15</b> Statutory employee		Deceased	Pension plan	Legal rep.
<b>6</b> State	Employer's state I.D. no.	<b>17</b> State wages, tips, etc.	<b>18</b> State income tax	<b>19</b> Locality name	<b>20</b> Local wages, tips, etc.	<b>21</b> Local income tax

Form **W-2** Wage and Tax Statement **1999**

Department of the Treasury—Internal Revenue Service  
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

JUL 17 3 40 PM '00  
 RECEIVED  
 SUPERVISOR'S OFFICE

P 328 140 098



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to <b>Dept. of State</b> <b>Room 1802, The Capitol</b>	
Street and No	
P.O., State and ZIP Code <b>Talla., Fl. 32399-0250</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1991

Fold at line over top of envelope to the right of the return address

**CERTIFIED**

P 328 140 098

**MAIL**



**Office of the Sheriff**  
**John J. McDougall**  
**Lee County**

14750 Six Mile Cypress Parkway  
Fort Myers, Florida 33912-4406



Department of State  
Room 1802  
The Capitol  
Tallahassee, Florida 32399-0250



NO. 11 1991  
JUN 11 1991  
U.S. DEPT. OF STATE

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse  this form  we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Department of State  
 Room 1802  
 The Capitol  
 Tallahassee, Florida 32399-  
 0250

4a. Article Number  
**P328 140 098**

4b. Service Type  
 CI Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

**X**

Thank you for using Return Receipt Service

**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 7-17-00  
Date

RECEIVED  
SUPPORTS SECTION  
JUL 17 4 00 PM '00