

# 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
Kenneth	M.	Wilkinson

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, Kenneth M. Wilkinson, am a candidate for the

PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office of Property Appraiser Lee DISTRICT Lee 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:

K. Wilkinson  
Signature of Candidate

07-14-00  
Date Signed

2271 First St. #28  
Mailing Address

(941) 339-6105  
Daytime Telephone #

(941) 334-4844  
Fax Telephone Number

Fl. Myers, 33901  
City/ZIPCODE

FILED  
SUN JUN 20 1999  
FBI - MIAMI

**FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 1999**

LAST NAME — FIRST NAME — MIDDLE NAME:

**KENNETH M WILKINSON**  
PROPERTY APPRAISER

**2271 FIRST STREET, APT. 28**  
**FORT MYERS, FL 33901-0000**

NAME OF AGENCY:

OFFICER

OFFICE HELD:

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 June 19, 1999 or 2000 was \$ 391,177.56

**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 \$ 130,785.-

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

DESCRIPTION OF ASSET	VALUE OF ASSET
Rem Receivable Pine Island Rd. Tract \$4,900.00; Deferred Comp Acct.	\$219,879.83
LNH-CSV \$5,957.23; Fannie Mae Adv Acct \$14,823.90	\$20,781.13
Five Mile Cypress Land Tract \$25,120.00; 1st Union Savings \$1,635.27	\$26,755.27
Credit Union \$1,585.25; Huntington Bk \$2,128.80; IR Acct.	\$3,714.05
<b>Total Assets = 5</b>	<b>406,815.28</b>

**PART C- LIABILITIES IN EXCESS OF \$1,999**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Foreign Motor Credit	\$13,481.72
Bank West <del>(Bank)</del> Acct	2,216.-

**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 \$1,009, 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**.]

For the year Jan 1 - Dec 31, 1999, or other tax year beginning 1999, ending 1999, OMB No. 1545-0074

**Label**  
(See instructions.)  
  
**Use the IRS label.**  
 Otherwise, please print or type.  
  
**Presidential Election Campaign**  
 (See instructions.)

Yw First Name <b>Kenneth</b>	MI <b>M</b>	Last Name <b>Wilkinson</b>	<b>Your Social Security Number</b> 263-68-1730
If a Joint Return, Spouse's First Name <b>Barbara</b>	MI <b>L</b>	Last Name <b>Wilkinson</b>	<b>Spouse's Social Security Number</b> 265-66-9241
Home Address (number and street). If YOU Have a P.O. Box, see Instructions. <b>2271 1st Street</b>			Apartment No. <b>28</b>
City, Town or Post Office. If You Have a Foreign Address, See Instructions. <b>Fort Myers</b>			state ZIP Code <b>FL 33901</b>
Do you want \$3 to go to this fund? <input type="checkbox"/>			<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>
If a joint return, does your spouse want \$3 to go to this fund? <input type="checkbox"/>			<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>

**Filing Status**  
  
 Check only one box.

1  Single  
 2  Married filing joint return (even if only one had income)  
 3  Married filing separate return. Enter spouse's SSN above & full name here .  
 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here .  
 5  Qualifying widow(er) with dependent child (year spouse died ▶ 19 ). (See instructions.)

**Exemptions**  
  
 If more than six dependents, see instructions.

6a  Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

6b  Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)	No. of boxes checked on 6a and 6b	No. of your children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)	Dependents on 6c not entered above
<i>Copy</i>					2		

d Total number of exemptions claimed 2

**Income**  
 Attach Copy B of your Forms W-2 and W-26 here. Also attach Form(s) 1099-R if tax was withheld.  
 If you did not get a W-2, see instructions.  
  
 Enclose, but do not staple, any payment. Also, please use Form 1040-v.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	133,850.
8a Taxable interest. Attach Schedule B if required	8a	1,133.
b Tax-exempt interest. Do not include on line 8a	8b	
9 Ordinary dividends. Attach Schedule B if required	9	192.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	3,147.
14 Other gains or (losses). Attach Form 4797	14	
15a Total IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Total pensions & annuities	16a	
b Taxable amount (see instrs)	16b	1,246.
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount (see instrs)	20b	
21 Other income. List type & amount (see instrs)	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	139,568.

**Adjusted Gross Income**

23 IRA deduction (see instructions)	23	
24 Student loan interest deduction (see instructions)	24	
25 Medical savings account deduction. Attach Form 8863	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed health insurance deduction (see instructions)	28	
29 Keogh and self-employed SEP and SIMPLE plans	29	
30 Penalty on early withdrawal of savings	30	
31 a Alimony paid b Recipient's SSN	31a	
32 Add lines 23 through 31a	32	
33 Subtract line 32 from line 22. This is your adjusted gross income	33	139,568.

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

Table with 3 columns: Line number, Description, and Amount. Includes lines 34-49 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 50-56 for Other Taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-64 for Payments.

Refund

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

Table with 3 columns: Line number, Description, and Amount. Includes lines 65-67 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 68-69 for Amount You Owe.

Sign Here

Joint return? See instructions. Keep a copy for your records.

Signature table with columns for YOU Signature, Spouse's Signature, Date, Occupation, and Daytime Telephone Number.

Paid Preparer Use Only

Table for Paid Preparer information including Signature, Date, Firm Name, Address, and ZIP Code.



Your Name <b>Kenneth M Wilkinson</b>	Occupation in Which You Incurred Expenses <b>Property Appraiser</b>	Social Security Number <b>263-68-1730</b>
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**Part I Employee Business Expenses and Reimbursements**

	Column A Other than Meals and Entertainment	Column B Meals and Entertainment
<b>Step 1 Enter Your Expenses</b>		
<b>1</b> Vehicle expense from line 22c or line 29. (Rural mail carriers: see instructions.)	2,911.	
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc, that <b>did not</b> involve overnight travel or commuting to and from work.		
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment.		
<b>4</b> Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment.		
<b>5</b> Meals and entertainment expenses (see instructions)		
<b>6 Total expenses.</b> In column A, add lines 1 through 4 and enter the result. In column B, enter the amount from line 5	2,911.	

**Note:** If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

**Step 2 Enter Reimbursements Received from Your Employer for Expenses Listed in Step 1**

7 Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any reimbursements reported under code 'L' in box 13 of your Form W-2 (see instructions)	6,000.	
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**Step 3 Figure Expenses to Deduct on Schedule A (Form 1040)**

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is <b>greater</b> than line 6 in Column A, report the excess as income on Form 1040, line 7	0.	
<b>Note:</b> If <b>both</b> columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.		
9 In column A, enter the amount from line 8. In column B, multiply line 8 by 50% (.50). (Emplo yers subject to Department of Transportation (DOT) hours of service limits: ulti ply meal expenses by 55% (.55) Instead of 50%. For more details, see instructions.)	0.	
10 Add the amounts on line 9 of both columns and enter the total here. <b>Also, enter the total on Schedule A (Form 1040), line 26.</b> (Fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter the total.)		0.

BAA For Paperwork Reduction Act Notice, see separate instructions.

**Part II Vehicle Expenses**

Section A – General Information (You must complete this section if claiming vehicle expenses.)		(a) Vehicle 1	(b) Vehicle 2
11 Enter the date the vehicle was placed in service .....	11	01/01/99	
12 Total miles the vehicle was driven during 1999 .....	12	13,922 miles	miles
13 Business miles included on line 12 .....	13	9,277 miles	miles
14 Percent of business use. Divide line 13 by line 12 .....	14	66.64%	%
15 Average daily roundtrip commuting distance .....	15	1 miles	miles
16 Commuting miles included on line 12 .....	16	miles	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12 .....	17	4,645 miles	miles
18 Do you (or your spouse) have another vehicle available for personal use? .....		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
19 If your employer provided you with a vehicle, is personal use during off-duty hours permitted? ....		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
20 Do you have evidence to support your deduction? .....		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
21 If 'Yes,' is the evidence written? .....		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Section B – Standard Mileage Rate** (See the instructions for Part II to find out whether to complete this section or Section C.)

22a Multiply business miles driven before April 1, 1999, by 32-1/2¢ (.325) .....	22a	754.
b Multiply business miles driven after March 31, 1999, by 31¢ (.31) .....	22b	2,157.
c Add lines 22a and 22b. Enter the result here and on line 1 .....	22c	2,911.

Section C – Actual Expenses	(a) Vehicle 1	(b) Vehicle 2
23 Gasoline, oil, repairs, vehicle insurance, etc .....	23	
24a Vehicle rentals .....	24a	
b Inclusion amount (see instructions) ....	24b	
c Subtract line 24b from line 24a .....	24c	
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 — see instructions) .....	25	
26 Add lines 23, 24c, and 25 .....	26	
27 Multiply line 26 by the percentage on line 14 .....	27	
28 Depreciation. Enter amount from line 38 below .....	28	
29 Add lines 27 and 28. Enter total here and on line 1 .....	29	

**Section D – Depreciation of Vehicles** (Use this section only if you own the vehicle and are completing Section C for the vehicle.)

	(a) Vehicle 1	(b) Vehicle 2
30 Enter cost or other basis (see instructions) .....	30	
31 Enter amount of Section 179 deduction (see instructions) .....	31	
32 Multiply line 30 by line 14 (see instructions if you elected the Section 179 deduction) .....	32	
33 Enter depreciation method and percentage (see instructions) .....	33	
34 Multiply line 32 by the percentage on line 33 (see instructions) .....	34	
35 Add lines 31 and 34 .....	35	
36 Enter the limit from the table in the line 36 instructions .....	36	
37 Multiply line 36 by the percentage on line 14 .....	37	
38 Enter the smaller of line 35 or line 37. Also, enter this amount on line 28 above .....	38	

JUL 17 12 52 PM '00

**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