

# NON-PARTISAN CANDIDATE LOYALTY OATH

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

## PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
Lois	C.	Barrett

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, Lois C. Barrett am a candidate for the  
PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT  
Lee Memorial Health System  
office of Board of Directors 3 X  
OFFICE DISTRICT CIRCUIT  
X  
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.

**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:

Lois C. Barrett  
Signature of Candidate

7/14/2000  
Date Signed

242 Stevens Blvd.  
Mailing Address

(941) 466-9801  
Daytime Telephone #

( )  
Fax Telephone Number

Ft. Myers Beach, FL 33931  
City/ZIPCODE

DS-DE 24B (08/99) This form has been modified for Lee County only. 04-99 DOE APPROVED 04-99

RECEIVED  
JUL 15 2000  
SUPPORT  
OFFICE OF  
COUNTY CLERK

# FORM 1 STATEMENT OF FINANCIAL INTERESTS **COPY** 99

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

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

NAME OF YOUR AGENCY:

Hospital Board of Directors of Lee County d/b/a Lee Memorial Health System

LAST NAME - FIRST NAME - MIDDLE NAME:

Barrett, Lois C.

CHECK ONE OF THE FOLLOWING CATEGORIES:

MAILING ADDRESS:

242 Stevens Boulevard

LOCAL OFFICER  STATE OFFICER  CANDIDATE

SPECIFIED STATE EMPLOYEE

CITY: Ft. Myers Beach ZIP: 33931 COUNTY: Lee

LIST OFFICE OR POSITION HELD OR SOUGHT: Chairman

**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
U.S. Gov.-Social Security	Washington, D.C.	Retirement Benefits
General Motors Employee	National Bank of Detroit	Retirement Plan Benefits
Trust Fund	P.O. Box 330222, Detroit	MI 48232-6222
University Hospital	Hunting Bank Trust Dept.	Retirement Plan Benefits
Retirement Plan	917 Euclid Avenue CM22	
	Cleveland, OH 44115	

**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
n/a		

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

n/a

**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)

RECEIVED  
 SUPERVISOR OF  
 ELECTIONS  
 JUN 19 4 38 PM '00  
 JUL 18 11 24 AM '00

**PART D — INTANGIBLE PERSONAL PROPERTY** (Stocks, bonds, certificates of deposit, etc.)

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Certificate of Deposit	Founders Nat'l Bank, Ft. Myers, FL
Stock	General Motors

**PART E — LIABILITIES IN EXCESS OF NET WORTH** (Major debts)

NAME OF CREDITOR	ADDRESS OF CREDITOR
n/a	

**PART F — INTERESTS IN SPECIFIED BUSINESSES** (Ownership or positions in certain types of businesses)

	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 PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE:

DATE SIGNED:

*Lois C. Barrett*

06-15-2000

## FILING INSTRUCTIONS FOR FORM 1

**WHAT TO FILE:** After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing. Note: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

**NOTE: MULTIPLE FILING UNNECESSARY:** Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:** Local officers file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) State officers or specified state employees file with the Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. Candidates file this form together with your qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. If you were mailed the form by the Secretary of State or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**WHEN TO FILE:** Initially, each local officer, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment.

Appointees who must be confirmed by the state prior to confirmation, even if that is less than 30 days from the date of their appointment.

Thereafter, local officers, state officers, and specified state employees are required to file by July 1st following each calendar year they hold their positions. **Candidates** for publicly-elected state or local office must file at the same time they file their qualifying papers.

(Continued on p.3)

**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

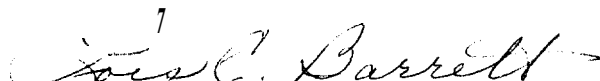
**SECOND PRIMARY**

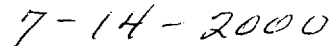
Friday September 29 @ 8:00 am	Canvass absentee ballots
Monday October 2 @ 1:00 pm	Test the tabulating equipment
Tuesday October 3 @ 8:00 am	Canvass absentee ballots
Wednesday October 4 @ 8:00 am	Certify the Election

**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

JUL 18 4 52 PM '00  
SUPERVISOR OF  
ELECTIONS