

NON-PARTISAN CANDIDATE LOYALTY OATH

Sections **876.05-876.10**, Florida Statutes
 CANDIDATES WITH NO **PARTY** AFFILIATION
STATE OF FLORIDA
LEE COUNTY

PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
LARRY	E D WARD	BERKOWITZ

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, LARRY EDWARD BERKOWITZ, am a candidate for the
PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office of LEE MEMORIAL HOSPITAL BOARD DIST #3
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.

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

06-12-00
Date Signed

17350 CARDEN CT
Mailing Address

(941) 415-2226
Daytime Telephone #

()
Fax Telephone Number

FTMYERS FL 33908
City/ZIPCODE

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1999

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:

Lee Memorial Hosp Bd Dist 3

LAST NAME - FIRST NAME - MIDDLE NAME:

BERKOWITZ LARRY EDWARD

CHECK ONE OF THE FOLLOWING CATEGORIES:

LOCAL OFFICER STATE OFFICER CANDIDATE

SPECIFIED STATE EMPLOYEE

MAILING ADDRESS:

17350 CARDEN COURT

LIST OFFICE OR POSITION HELD OR SOUGHT:

Dist 3

FT MYERS FL 33908 Lee
CITY: ZIP: COUNTY:

Lee MEMORIAL HOSPITAL BOARD

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>SPOUSE -</i>	<i>LEE MEMORIAL HEALTH SYSTEMS</i>	<i>2776 Cleveland Ave FM 33901</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
 	 	
 	 	
 	 	
 	 	
 	 	

PART C — REAL PROPERTY [Land, buildings]

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

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

6-13-00
Date

Jul 17 12 37 PM '00
SUPERVISOR OF

Jul 17 12 37 PM '00
SUPERVISOR OF

00-013591

BERKOWITZ, LARRY EDWARD
17350 CARDEN CT
FORT MYERS FL 33908