

# 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
Patricia	Ann	Riley

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, Pat Riley, am a candidate for the  
 PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office 3 School Board 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]  
 Signature of Candidate

7-20-00  
 Date Signed

7002 Scarborough Drive SW  
 Mailing Address

(941) 482 4760  
 Daytime Telephone #

(941) 433 4232  
 Fax Telephone Number

Ft Myers, FL 33919  
 City/ZIPCODE

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

LAST NAME — FIRST NAME -MIDDLE NAME:

PAT RILEY  
CHAIRMAN

7002 SCARBORO DRIVE  
FT. MYERS, FL 33919-0000

NAME OF AGENCY:

LEE COUNTY SCHOOL BOARD  
District 3

OFFICER

OFFICE HELD:  
CHAIRMAN

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 6/26, 19 00 was \$ 145,033

**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 \$ 75,000

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

DESCRIPTION OF ASSET	VALUE OF ASSET
RESIDENCE: 7002 SCARBORO DRIVE S.W. FT. MYERS, FL	\$145,000
IRA ACCOUNT & PRUDENTIAL SECURITIES	3,000

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MC CAUGHAN MORTGAGE COMPANY - COLONIAL BLVD. FORT MYERS, FL 33901	\$70,000
LEASE BALANCE - WELLS FARGO PO BOX 9361 Walnut Creek CA 94598	17,967

**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.)

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(Pat? D, Continued)

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
LEE COUNTY SCHOOL DISTRICT	2055 CENTRAL AVE FORT MYERS, FL 33901	\$31,011.00

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 28<sup>th</sup> day of June, 2000 by Deborah J. Baker



Deborah J. Baker  
Commission # 00823380  
Expires May 29, 2003  
Bonded Three Atlantic Republic Co., Inc.  
**DEBORAH J. BAKER**

Deborah J. Baker  
(Signature of Notary Public--State of Florida)

**DEBORAH J. BAKER**  
(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**

**WHA? 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.

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**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

7-20-00  
Date

00.11.00 17 02 707  
SUSAN M. HARRIS  
CLERK OF SUPERIOR COURT  
JUL 20 2000