

SCANNED

CANDIDATE FACT SHEET

THE COMPLETION OF THIS SHEET WILL FACILITATE THE OPENING OF YOUR CAMPAIGN ACCOUNT BY OUR OFFICE

(PLEASE PRINT)

<u>NAME AS YOU WANT IT TO APPEAR ON THE BALLOT</u> <i>SPRING ROSEN</i>		
RESIDENCE ADDRESS: <i>505 Lighthouse Way</i>	MAILING ADDRESS: <i>P.O. Box 1216</i>	
CITY/ZIP CODE: <i>JANISSEL 33957</i>	CITY/ZIP CODE: <i>JANISSEL 33957</i>	
TELEPHONE #: HOME: <i>472-4347</i>	TELEPHONE #: WORK: <i>472-4347</i>	TELEPHONE #: DAYTIME: <i>472-4347</i>
OFFICESOUGHT AND DISTRICT IF APPLICABLE: <i>Hospital Board District #1</i>		PARTY (BELOW)
DATE: <i>7/18/00</i>	DATE OF BIRTH OR VOTER ID #: <i>5/24/56</i>	CANDIDATE SIGNATURE: <i>Spring Rosen</i>

THIS FORM IS FOR USE ONLY IN LEE COUNTY 06-89 SOE APPROVED

**IF YOU ARE QUALIFYING BY MAIL
BE SURE TO INCLUDE THIS SHEET WITH YOUR
QUALIFYING PAPERWORK**

RECEIVED
SUPERVISOR OF
ELECTIONS
Jul 21 10 22 AM '00

PHILINDAA. YOUNG
Supervisor of Elections
P O BOX 2545
Fort Myers FL 33902-2545
Telephone (339-6300)

STATE OF FLORIDA
**APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN
 DEPOSITORY FOR CANDIDATES**

SCANNED

Section 106.021(1) FS

CHECK APPROPRIATE BOX

ORIGINAL APPOINTMENT DEPUTY TREASURER REAPPOINTMENT OF TREASURER SECONDARY DEPOSITORY

PLEASE TYPE OR PRINT

Name of Candidate (AS YOU WANT IT TO APPEAR ON BALLOT) <i>SPRING ROSE</i>		Address (include P O Box, street, city, state, zip code) <i>P.O. BOX 1216 SANIBEL</i>	
Telephone (Daytime) <i>472-4347</i>	Party (Partisan Candidates Only)	Office Sought (include district, circuit or group number) <i>HOSPITAL BOARD #1</i>	

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

Name of Treasurer or Deputy Treasurer
SPRING ROSE

Mailing Address (if P O Box or drawer add street address) <i>P.O. BOX 1216</i>	Telephone (Daytime) <i>472-4347</i>
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City <i>SANIBEL</i>	County <i>LEE</i>	State <i>FLORIDA</i>	Zip Code <i>33957</i>
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I have designated the following named bank as my Primary Depository Secondary Depository

Name of Bank <i>SUNTRUST - SANIBEL</i>	Street Address <i>PEEWINKLE WAY</i>
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City <i>SANIBEL</i>	County <i>LEE</i>	State <i>FL.</i>	Zip Code <i>33957</i>
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I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS

Signature of Candidate <i>X</i> <i>[Signature]</i>	Date Signed <i>7/20/00</i>	Voter ID# or D. O. B. <i>5/24/56</i>
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CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, *SPRING ROSE* (Print or Type), do hereby accept the appointment as

Campaign Treasurer Deputy Treasurer for the campaign of *SPRING ROSE*

who is seeking nomination or election as a *NPN* (Party) candidate to the office of

As a duly registered voter in *LEE* County,

Florida, I am qualified to accept this appointment.

X *[Signature]* *7/20/00*
 Signature of Campaign Treasurer or Deputy Treasurer Date Signed

STATEMENT OF CANDIDATE LEE COUNTY - FLORIDA

FLORIDA STATUTE CHAPTER 106.023

Each candidate must file a statement of candidate with the qualifying officer within 10 days after he files his Appointment of Campaign Treasurer and Designation of Campaign Depository. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to **\$1,000, (ss.106.19(1)(c), 106.265(1) Florida Statutes.**

STATEMENT OF CANDIDATE	
<u>PLEASE PRINT</u>	
I, <u>SPRING ROSEN</u>	a candidate for the office of
<small>Name of Candidate</small>	
<u>Hospital Board Dist. #1</u>	have received, read, and
<small>Office Sought (include district, circuit, or group number)</small>	
understand the requirements of Chapter 106, Florida Statutes.	
<input checked="" type="checkbox"/>	
<u>Spring Rosen</u>	<u>7/18/00</u>
<small>Signature of Candidate</small>	
<small>Date Signed</small>	

THIS DOCUMENT MUST BE SIGNED AND RETURNED TO THE OFFICE OF THE **SUPERVISOR OF ELECTIONS WITHIN 10 DAYS**

MAIL TO

Qualifying Officer
Lee County Elections Office
P O Box 2545
Fort Myers FL 33902-2545

IN PERSON

Lee County Constitutional Complex
Lee County Elections Office 3rd Floor
2480 Thompson Street
Fort Myers FL 33901

Philinda A. Young
Supervisor of Elections
Lee County - Florida
941-339-6300

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SUPERVISOR OF
ELECTIONS

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NON-PARTISAN CANDIDATE LOYALTY OATH

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

SCANNED

PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
SPRING	K.	ROSEN

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

office of Hospital Board 1
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:

Spring Rosen
Signature of Candidate

7/18/00
Date Signed

P.O. Box 1216
Mailing Address

(941) 472-4247
Daytime Telephone# Fax Telephone Number

JANESVILLE FL 33957
City/ZIP CODE

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 Health System

LAST NAME - FIRST NAME - MIDDLE NAME:

ROSEN SPRING KAINANU

MAILING ADDRESS:

505 Lighthouse Way

CHECK ONE OF THE FOLLOWING CATEGORIES:

LOCAL OFFICER STATE OFFICER CANDIDATE

SPECIFIED STATE EMPLOYEE

CITY: _____ up: _____ COUNTY: _____

SANIBEL FL. 33957 Lee

LIST OFFICE OR POSITION HELD OR SOUGHT: *Board Member*

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>Robert Teall Organization, Inc.</i>	<i>P.O. Box 1216 Sanibel, FL 33957</i>	<i>RESIDENTIAL REAL ESTATE, CITRUS GROVES, INVOICING</i>
<i>Lee Memorial Health System</i>		<i>BOARD (STIPEND)</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
<i>Captiva Cottage</i>	<i>16167 Captiva Dr. RESIDENTIAL REAL ESTATE HOUSE ON CAPTIVA</i>	<i>RENTED OUT RESIDENTIAL INCOME</i>
<i>First Union (Codebook Asset)</i>	<i>ORLANDO, FL.</i>	
<i>C.P.I.</i>	<i>LAKE WALES FLA.</i>	<i>CITRUS GROVE</i>

PART C — REAL PROPERTY [Land, buildings]

- 1) 505 Lighthouse Way Sanibel, FL. — RESIDENTIAL*
- 2) 1747 Jewel Box Dr. Sanibel — HOUSE*
- 3) 16167 Captiva Dr, Captiva — HOUSE*
- 4) 14467 W. TANIAMI TRAIL Ft. Myers — COMMERCIAL REAL ESTATE*

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)

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ELECTRICAL
JUL 3 3 00 PM '99

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
First Union Brokerage Acct. -	Robert Teal OBG, Inc.
Guardian Party Acct. -	Robert Teal OBG, Inc.

PARTE — LIABILITIES IN EXCESS OF NET WORTH [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR
First Bank - Ft. Myers.	College Pkwy Ft. Myers. Mortgages on Light House Way (Aptiva Cottage, Autoquest Land)

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	Robert Teal OBG, Inc.		
ADDRESS OF BUSINESS ENTITY	P.O. Box 1216 Seville, FL.		
PRINCIPAL BUSINESS ACTIVITY	RESIDENTIAL REAL ESTATE, INVESTMENTS		
POSITION HELD WITH ENTITY	VINYL PRESIDENT		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50% ownership		
NATURE OF MY OWNERSHIP INTEREST	FAMILY BUSINESS		

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

SIGNATURE:

[Handwritten Signature]

DATE SIGNED:

6/10/00

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 to qualify.

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 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)

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SUPERVISOR OF
ELECTIONS

JUL 21 10 22 AM '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

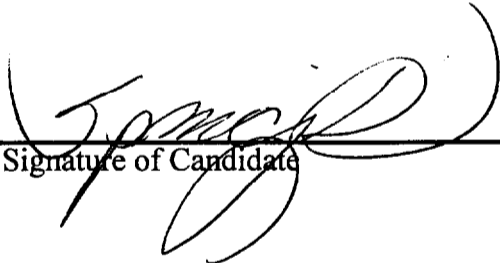

Friday September 29 @ 8:00 am	Canvass absentee ballots
Monday October 2 @ 1:00 pm	Test the tabulating equipment
Tuesday October 3 @ 8:00 am	Canvass absentee ballots
Wednesday October 4 @ 8:00 am	Certify the Election

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.

19.

Signature of Candidate  Date 

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