

**LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS  
LEE COUNTY TRAUMA SERVICES DISTRICT BOARD OF DIRECTORS  
NON-PARTISAN CANDIDATE LOYALTY OATH**

NON-PARTISAN OFFICE  
Sections 876.05-876.10, Florida Statutes, 2000 Florida House Bill 1615

STATE OF FLORIDA

LEE COUNTY

**PLEASE PRINT**

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
MICHAEL	LOUIS	BIEL

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

office of Lee Memorial Health **System Board of** Directors and the Lee **County** Trauma Services  
Board of Directors for District 5, AND that;

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, AND that;

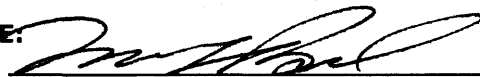
being employed by or an officer of the Lee Memorial Health System Board of Directors and the Lee County Trauma Services District Board of Directors, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida, AND that;

I have not violated any of the laws of the State of Florida relating to electors and to registration of electors, AND that;

I am seeking election as a director of the Lee Memorial Health System Board of Directors and the Lee County Trauma Services District Board of Directors from the county health system district which I reside in, AND that; I have taken the oath required by section 876.05, 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

09-11-2006

Date Signed

111674515

( ) 849-9022 ( )

Daytime Telephone #

Fax Telephone Number

BIEL, MICHAEL LOUIS  
11062 LAKELAND CIR  
FORT MYERS FL 33913

ed for Lee County only 07-07-06.

06SEP19M0756 SOE Lee Co Fl

06SEP19M1044 SOE Lee Co Fl

# 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
MICHAEL	LOUIS	BIEL

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, MIKE BIEL am a candidate for the  
 PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT  
 office of LEE MEMORIAL HEALTH SYSTEM DIST 5  
OFFICE DISTRICT CIRCUIT

I am a qualified elector of LEE County, Florida. I am  
 GROUP

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

09-11-2006  
 Date Signed

BIEL, MICHAEL LOUIS  
 11062 LAKELAND CIR  
 FORT MYERS FL 33913

111674515

( ) 849-9022  
 Daytime Telephone #

( )  
 Fax Telephone Number

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

111674515

BIEL, MICHAEL LOUIS  
11062 LAKELAND CIR  
FORTMYERS FL 33913

CIT

NAME OF AGENCY :

LEE MEMORIAL HEALTH SYSTEM

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

DISTRICT 5

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

06SEP11PM104450ELEE Co FI

\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2005 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

OF INCOME	ADDRESS	PRINCIPAL BUSINESS ACTIVITY
INTERNAL MEDICINE ASSO	1400 COLONIAL BLVD #1 FM 33907	ADMINISTRATOR

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<del>N/A</del>			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

<del>N/A</del>	

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.

OTHER FORMS you may need to file are described on page 6.

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
401K - IRA	INTERNAL MEDICINE ASSOC.
ROTH IRA	SCHWAB
STOCK	SCHWAB

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR
COUNTRY WIDE HOMELOANS	VAN NUYS, CA
CITI MORTGAGE	THE LAKES, NV

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			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE (required):



DATE SIGNED (required):

09-11-2006

**FILING INSTRUCTIONS:**

**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.

If you have **nothing to** report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will **not be** accepted.

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for calendar or fiscal year is not required to file 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:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they 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 Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**WHEN TO FILE:**

**Initially**, each local officer/employee, 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 Senate must file prior to confirmation, even if that is less than 30 days from the date of their

**appointment.**

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.