

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
FOR CANDIDATES

(Section 106.021(1), Florida Statutes)

CHECK APPROPRIATE BOX
 ORIGINAL APPOINTMENT
 DEPUTY TREASURER
 REAPPOINTMENT OF TREASURER
 SECONDARY DEPOSITORY

Name of Candidate (Please Type) Eugene D. Vodev 1. Address 315 Wellington Ave

Telephone (Optional) 369-6081 2. Party Republican 3. Office (Add District, Circuit, or Group) District 4

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

4. Name Estella M. Vodev

5. Mailing Address (If Post Office Box or Drawer, add Street Address) 315 Wellington Ave 6. Telephone 369-6081

7. City Lehigh Acres 8. County Lee 9. State FL 10. Zip Code 33936

I have designated the following named bank as my Primary Depository , Secondary Depository .

11. Bank Name (Include Account Number) Sun Bank 12. Street Address Homestead Rd.

13. City Lehigh Acres 14. County Lee 15. State FL 16. Zip Code 33936

I will notify you of any additions or changes to these appointments.

17. Signature of Candidate Eugene D. Vodev Date _____

Sworn and Subscribed before me this 16th day of July

19 90 at Lee County, Florida

My commission expires April 4th 1993

(seal)

Patay R. G...
Notary Public, State of Florida
My Commission Expires April 4, 1993
Banded Thru Troy Fain - Insurance, Inc.

RECEIVED
OFFICE OF
CLERK OF
SUPERIOR
COURT
JUL 16 1990

Campaign Treasurer's Acceptance of Appointment

I, ESTELLA VODEV, do hereby accept the appointment as Campaign Treasurer Deputy
(Please Print or Type) Treasurer for the campaign of EUGENE D. VODEV, who is seeking the nomination or
election as a _____ candidate to the office of LEEMEM BD SEAT DIST 4. As a duly
(Party) registered voter in LEE County, Florida. I am qualified to accept this appointment.

7/16/90
Date

X
Signature of Campaign Treasurer or
Deputy Treasurer

LOYALTY OATH
For Candidates for Public Office
Sections 876.05-876.10, 99.021, Florida Statutes
AGO 071-249

STATE OF FLORIDA

Lee County

I Eugene D. Vodev, 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.

Eugene D. Vodev
Signature of Candidate

OATH OF CANDIDATE
(Section 99.021(1)(a), Florida Statutes)

Before me, an officer authorized to administer oaths, personally appeared Eugene D Vodev (Please Print Name as you Wish) to me well known, who, being sworn, says he is a candidate for the office;

it to Appear on the Ballot) of Member of Board of Trustees Lee Memorial Hospital; (Include Circuit, District or Group Number) DISTRICT 4 that he

a qualified elector of Lee County, Florida; that he is qualified under the Constitution and the

Laws of Florida to hold the office to which he desires to be nominated or elected; that he has qualified for no other public office in the state. the term of which office or any part thereof runs concurrent with that of the office he seeks; and that

he has resigned from any office from which he is required to resign pursuant to Section 99.012, Florida Statutes.

Eugene D. Vodev
Signature of Candidate

315 Wallington Ave
Address

Lehigh Acres FL 33936
City State Zip

The Loyalty Oath and the above Oath of Candidate are sworn to and subscribed before me this 16th day of July, 19 90, at Lee County, Florida.

Patsy R. Glass
Signature and Title of Officer Administering Oath

STATEMENT OF CANDIDATE
(Section 99.021, Florida Statutes)

Notary Public, State of Florida
My Commission Expires April 4, 1993
Bonded thru True-Fair Insurance Inc.

I, (Print) Eugene D. Vodev, am a member of the Republican party. I am not a registered member of any other political party and have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify. I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the _____ party, of which I am a member.

Date

Signature

RECEIVED OF SUPERVISOR OF ELECTIONS
JUL 16 12 26 PM 1990

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1989

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING: EITHER DECEMBER 31, 1989	NAME OF AGENCY <input type="checkbox"/> LOCAL OFFICER OFFICE HELD <input type="checkbox"/> STATE OFFICER OFFICE HELD <input type="checkbox"/> EMPLOYEE <input checked="" type="checkbox"/> CANDIDATE OFFICE SOUGHT
SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: Vodev Eugene Dimiter	BOARD OF TRUSTEES - LEE MEMORIAL HOSP. DISTRICT 4
LAST NAME - FIRST NAME - MIDDLE NAME 315 Wellington Ave	SPECIFIED STATE POSITION HELD
MAILING ADDRESS Lehigh Acres FL 33936 Lee.	CITY ZIP COUNTY

PART A — PRIMARY SOURCES OF INCOME [Required by Florida Statutes §112.3145(3)(a)].

Please list below in descending order with the largest source first the name, address, and principal business activity of every source of your income excluding public salary which exceeded five percent (5%) of the gross income you received or any person received for your benefit or use during the disclosure period. The income of your spouse need not be disclosed. If continued on a separate sheet, please check here .

NAME OF SOURCE OF INCOME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY
None		

PART B — BUSINESS ENTITY'S SOURCES OF INCOME [Required by Florida Statutes §112.3145(3)(b)].

If during the disclosure period (a) you owned, directly or indirectly, in excess of 5% of the total assets or capital stock of any business entity, AND (b) if you received in excess of 10% of your gross income from the business entity, please list below every source of income to the business entity which exceeded in value ten percent (10%) of the business entity's gross income (computed on the basis of the business entity's fiscal year). You are NOT required in this part to list sources of income to a business entity if you received less than \$1,500 from the business entity during the disclosure period.

A "source" in this part refers to any customer, client, or other category of income production which meets the minimum percentage requirements noted above. If continued on a separate sheet, please check here .

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
None		

PART C — GIFTS

[Required by Florida Statutes §112.3145(3)(d)].

Please list below the name, address, and principal business activity of all persons, business entities, or other organizations from whom you received any gift or gifts the total of which exceeded \$100 from any one source during the disclosure period. Your benefactors must be listed in descending order of value with the largest source first. If you have received a preferential interest rate substantially below the customary and usual rate charged at the time the debt was incurred, the difference between the preferential and customary rate is deemed to be a gift. You are NOT required to list gifts received from your parent, grandparent, sibling, child, spouse, or from a spouse of any of the foregoing; gifts received by bequest or devise, or campaign contributions; or gifts representing an expression of sympathy and having no material benefit. ELECTED STATE, COUNTY, DISTRICT, AND MUNICIPAL OFFICERS are required to disclose gifts they have received on Form 7. Gifts and Other Non-Campaign Contributions, pursuant to §112.3148, F.S., and need not complete this part. If continued on a separate sheet, please check here .

NAME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY
None		

RECEIVED
 JUL 16 12 00 PM '90
 SUPERVISOR

PART D — REAL PROPERTY [Required by Florida Statutes §112.3145(3)(c)].

Please list below the location or legal description of all real property in this state, excluding residence and vacation homes, in which you owned at any time during the previous tax year in excess of five percent (5%) of the property's most recently assessed value. If continued on a separate sheet, please check here .

Duplex on 14th St - 1/2 interest
 Duplex on Gilbert 1/2 interest
 Two empty lots - one on 14th St.
 one on 7th St.

PART E — INTANGIBLE PERSONAL PROPERTY

Please give a general description of any intangible personal property in which you hold an interest having a value in excess of ten percent (10%) of your total assets. Intangible personal property means money, all evidences of debt owed to the reporting person, all evidences of ownership in a corporation or other business organization having multiple owners, and all other forms of property where value is based upon that which the property represents rather than its own intrinsic value, such as: certificates of deposit, checks, bills of exchange, drafts, stocks or shares of incorporated or unincorporated companies, business trusts or mutual funds, beneficial interests in a trust, notes, bonds, and other obligations for the payment of money. Your general description should include the type of property as noted above and, if applicable, the name of the business entity to which the intangible property relates. For example: Stock, General Motors; Cash or Certificate of Deposit, First National Bank of Metropolis, Florida. No amounts need be stated. If continued on a separate sheet, please check here .

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	

PART F — LIABILITIES IN EXCESS OF NET WORTH (Required by Florida Statutes §112.3145(3)(e)).

Please list below the name and address of each creditor to whom you were indebted at any time during the disclosure period in an amount which exceeded your net worth. You are not required to list the amount of any indebtedness or your net worth. The following are excluded from disclosure under this part credit card and retail installment accounts; taxes owed; indebtedness on a life insurance policy owed to the company of issuance; contingent liabilities; and accrued income taxes on net unrealized appreciation.

NAME OF CREDITOR	ADDRESS OF CREDITOR

PART G — SIGNATURE

SIGNATURE

DATE SIGNED

Frederic S. Nock

July 16, 1990

PART H — FILING INSTRUCTIONS FOR FORM 1

WHO MUST FILE: All state officers, local officers, candidates for state or local elective office, and specified state employees (other than officers of the judicial branch), as defined in Section 112.3145(1), Florida Statutes, and listed on the attached cover sheet and in the brochure entitled "Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees," available from the Commission on Ethics, Supervisors of Elections, and Department of State. Persons required to file full disclosure (Form 6) are not required to file this form.

WHEN TO FILE: Candidates for publicly-elected state or local office must file financial disclosure together with and at the same time they file their qualifying papers, State and local officers and specified state employees are required to file by July 1st of each year. Each state or local officer who is appointed and each specified state employee who is employed must file disclosure with, "30 days from the date of appointment or the beginning of

employment. Those appointees requiring Senate confirmation must file prior to confirmation.

WHERE TO FILE: A candidate files this form together with and as a part of his qualifying papers. A local officer files with the Supervisor of Elections of the county in which he permanently resides. A state officer or specified state employee files with the Department of State, Room 1801, The Capitol, Tallahassee, Florida 32399.

MULTIPLE FILING UNNECESSARY: Any person who files a statement of financial interests for any calendar or fiscal year is not required to file a second disclosure for the same year or any part thereof, except that any public officer who qualifies as a candidate shall file a copy of his disclosure with the officer before whom he qualifies at the time he qualifies.

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, 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 TO EXCEED \$5,000.

EUGENE D. OR ESTELLA M. VODEV 01-86
315 WELLINGTON AVE.
LEHIGH ACRES, FL 33936

Sun
HORIZON55

2432

63-147 190
670

July 16 1990

Pay to the Order of Supervisor of Election \$ 10.00
ten and 00/100 Dollars

CHARLAND 1985 TF2

Sun
Bank

SunBank of Lee County, N.A.
Lehigh Acres Office 190
1110 W. Homestead Road
Lehigh Acres, FL 33936

For

Eugene D. VODEV

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