

**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, Mark Abels, a citizen of the State of Florida and of the United States of America, . . . . and a candidate for public office I, do hereby solemnly swear or affirm that I will support the Constitution of the United States end of the State of Florida.

Mark Abels  
Signature of Candidate

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

Before me, an officer authorized to administer oaths, personally appeared Mark Abels  
(Please Print Name as you Wish

Mark Abels, to me well known, who, being sworn, says he is a candidate for the office it to Appear on the Ballot) of Boj directors District 2 Lee Memorial, that he is  
(Include Circuit, District or Group Number)

\*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.

Mark Abels  
Signature of Candidate

821 Cape View Dr  
Address

St Myers Fla 33919  
City State Zip

The Loyalty Oath and the above Oath of Candidate are sworn to and subscribed before me this 16th day of July, 1990, at Lee County, Florida.

Patsy R. Gass  
Signature and Title of Officer Administering Oath

**STATEMENT OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, (Print) ~~\_\_\_\_\_~~, am a member of the ~~\_\_\_\_\_~~ 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  
SUPERVISOR OF  
ELECTIONS  
JUL 19 1990  
PM 5:00

# FORM 1 STATEMENT OF FINANCIAL INTERESTS 1989

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE RECEDING TAX YEAR ENDING:

EITHER  DECEMBER 31, 1989 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:

NAME OF AGENCY Lee Memorial Hospital

LOCAL OFFICER OFFICE HELD

STATE OFFICER OFFICE HELD

Abels Mark J.  
LAST NAME - FIRST NAME - MIDDLE NAME

SPECIFIED STATE POSITION HELD  
 EMPLOYEE

MAILING ADDRESS  
821 Cape View Dr.

CANDIDATE OFFICE SOUGHT  
Board of Directors

CITY St Myers ZIP 33919 COUNTY Lee

**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
<u>Ny State Retirement</u>	<u>Albany, Ny</u>	<u>Retired School Admin.</u>
<u>CD bonds</u>	<u>C+S Bank</u>	<u>interest</u>
<u>CD bonds</u>	<u>First Federal</u>	<u>interest</u>
<u>Soc. Security</u>		

**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 asset? 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 .

RECEIVED FOR SUPERVISOR ELECTIONS  
 JUL 16 1989

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
/		

**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 beneficiary 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 no, complete this part. If continued on a separate sheet, please check here .

NAME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY
/		

**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 .

**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

**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**

<b>SIGNATURE</b> 	<b>DATE SIGNED</b> 5/1/90
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**PART H — FILING INSTRUCTIONS FOR FORM 1**

**WHO MUST FILE:** A., 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 within 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.

LEE COUNTY CANVASSING BOARD  
SCHEDULE OF MEETINGS, 1990

FIRST PRIMARY ELECTION

Friday, August 31 1:00 PM  
Logic and Accuracy Test  
Tuesday, September 4 8:00 AM  
Canvass of Absentee Ballots  
7:00 PM  
Logic and Accuracy Test

SECOND PRIMARY ELECTION

Monday, October 1 1:00 PM  
Logic and Accuracy Test  
Tuesday, October 2 8:00 AM  
Canvass of Absentee Ballots  
7:00 PM  
Logic and Accuracy Test

GENERAL ELECTION

Monday, November 5 1:00 PM  
Logic and Accuracy Test  
Tuesday, November 6 8:00 AM  
Canvass of Absentee Ballots  
7:00 PM  
Logic and Accuracy Test

We anticipate the logic and accuracy testing to require approximately one half hour. Canvass of the absentee ballots will probably take one hour. The amount of time for canvassing the returns is unpredictable.

If you should have further questions, please do not hesitate to call #335-2333

Philinda A. Young  
Supervisor of Elections

I hereby acknowledge that I have received notification of the dates and times for certification of the ballot counting equipment, canvassing of absentee ballots and the L & A test prior to the counting of ballots on election night.

RECEIVED BY Mark Abell

PAY/bb

RECEIVED  
SUPERVISOR OF  
ELECTIONS  
NOV 5 1990  
11 56 PM



No. 785

DATE 7-16 19 90

RECEIVED FROM

Mark Abels

Ten and 00/100

DOLLARS \$ 10.00

FOR

Qualifying fee - See Mem. Hosp. Board

Amount of Account		Paid Cash	<input checked="" type="checkbox"/>
Amount Paid		Check	<input type="checkbox"/>
Balance Due		Money Ord.	<input type="checkbox"/>

Thank You See County Elections Office  
BY Sharon A. Moore