

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, Otis Harry McCollum, a citizen of the State of Florida and of the United States of America, ~~am~~ 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.

Otis Harry McCollum
Signature of Candidate

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

Before me, an officer authorized to administer oaths, personally appeared Otis Harry McCollum (Please Print Name as you Wish) to me well known, who, being sworn, says he is a candidate for the office of Lee Memorial Hospital, Bd. of Directors (Include Circuit, District or Group Number) (District 2); that he is 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.

Otis Harry McCollum
Signature of Candidate
4417 Spangler Ct Apt 1
Address
FT Myers FL 33905
City State

RECEIVED
SUPERVISOR OF
ELECTIONS
JUL 17 12 49 PM '99

The Loyalty Oath and the above Oath of Candidate are sworn to and subscribed before me this 17th day of July, 19 90, at Lee County, Florida.

Patsy D. Goss
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

*NO CAMPAIGN ACCOUNT
WAS OPENED.*

*NO **CONTRIBUTIONS** WERE
ACCEPTED AND/OR NO
EXPENDITURES WERE MADE
BY **THIS CANDIDATE** FOR
THEIR **CAMPAIGN.***

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1989

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

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

McCollum Otis Harry
 LAST NAME - FIRST NAME - MIDDLE NAME
1417 Spadepoint Apt 10
 MAILING ADDRESS
FT Myers FL 33919
 CITY ZIP COUNTY
Lee

NAME OF AGENCY

LOCAL OFFICER OFFICE HELD

STATE OFFICER OFFICE HELD

SPECIFIED STATE EMPLOYEE POSITION HELD

CANDIDATE OFFICE SOUGHT

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
<i>Person</i>	<i>Spadepoint</i>	<i>Channels</i>

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 OF INCOME AND PRINCIPAL BUSINESS ACTIVITY
<i>N/A</i>		

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 ELECTIONS
 APR 17 2 45 PM '90

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
<i>N/A</i>		

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 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 

PAY/bb

RECEIVED
SUPERVISOR OF
ELECTIONS
JUL 27 12:46 PM '90

RECEIVED
SUPERVISOR OF
ELECTIONS
JUL 17 12 46 PM '90

 No. 795

RECEIVED FROM Otis Harry McCallum DATE 7-17 19 90

Ten and 00/100 DOLLARS \$ 10.00

FOR Hospital Board Dist. 2

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

Thank You BY Sharon J. Moore