

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
FOR NON-PARTISAN CANDIDATES**

(DS-DE 9A)

(Section 106.021(1), Florida Statutes)

(Please Type)

CHECK APPROPRIATE BOX

- Original Appointment
- Deputy Treasurer
- Reappointment of Treasurer
- Secondary Depository

Name of Candidate WILLIAM G. MARTIN	1. Address (Include P.O. Box or Street, City, State, Zip Code) 15890 LAKE POINT COURT-N. FT. MYERS 33917
Telephone (Optional) 931-3146	2. Office (Add District, Circuit or Group Number) DISTRICT #4 HOSPITAL Bd. OF DIRECTORS

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

3. Name WILLIAM G. MARTIN			
4. Mailing Address (If Post Office Box or Drawer, add Street Address) 15890 LAKE POINT COURT			6. Telephone 931-3146
6. City N. FT. MYERS	7. County LEE	8. State FLORIDA	9. Zip Code 33917

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

10. Bank Name NATIONS BANK		11. Street Address 4941 BAYLINE DRIVE	
12. City N. FT. MYERS	13. County LEE	14. State FLORIDA	15. Zip Code 33917

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

16. Signature of Candidate William G. Martin	Date 7-11-94
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Campaign Treasurer's Acceptance of Appointment

I, WILLIAM GEORGE MARTIN, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of WILLIAM G. MARTIN,
who is seeking election as a candidate to the office of DISTRICT #4 HOSPITAL Bd. OF DIRECTORS
As a duly registered voter in LEE County, Florida, I am qualified to accept this
appointment.

7-18-94
Date

William G. Martin
Signature of Campaign Treasurer or
Deputy Treasurer

LOYALTY OATH
For Candidates for Public Office
Sections 878.05-878.10, 99.021, Florida Statutes
AGO 071-249

STATE OF FLORIDA
I, William G. Martin, Lee County, 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.

William G. Martin
William G. Martin
Signature of Candidate

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

Before me, an officer authorized to administer oaths, personally appeared WILLIAM (BILL) MARTIN
(Please Print Name as you Wish it to Appear on the Ballot)

to me well known, who, being sworn, says he is a candidate for the office of HOSPITAL B.O.F. DIRECTORS DIST. # 4; that he is
(Include Circuit, District or Group Number)

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 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.

William G. Martin
Signature of Candidate

15890 Lake Point Ct.
Address

N. H. Myers, FL 33917
City State Zip

Sworn to and subscribed before me this 18th day of July

Patsy R. Gass
(Signature of Officer Administering Oath or of Notary Public - State of Florida)

NOTARY PUBLIC STATE OF FLORIDA
PATSY R. GASS
(Print, Type, or Stamp Commissioned Name of Notary Public)
MY COMMISSION EXPIRES 14, 1997

Personally Known OR Produced Identification 0

Type of Identification Produced _____

JUL 19 12 51 PM '94
SUPERVISOR

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1993

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING: EITHER DECEMBER 31, 1993 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:	NAME OF AGENCY: LEE MEMORIAL HOSPITAL - LEE CO., FL. <input checked="" type="checkbox"/> LOCAL OFFICER OFFICE OR POSITION HELD: LOCAL Bd. of DIRECTORS - DISTRICT # 4 CI STATE OFFICER OFFICE HELD: SPECIFIED STATE <input type="checkbox"/> EMPLOYEE POSITION HELD: <input type="checkbox"/> CANDIDATE OFFICE SOUGHT:
LAST NAME - FIRST NAME - MIDDLE NAME: MARTIN WILLIAM GEORGIE	CITY: FT. MYERS, FL. 33917 ZIP: 33917 COUNTY: LEE

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.
 FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
 OTHER FORMS you may need to file are described on page 6.

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
SOCIAL SECURITY	WASHINGTON, D. C.	RETIRED
LEE MEMORIAL HOSPITAL	FT. MYERS, FLORIDA	MEMBER - Bd. OF DIRECTORS
INCOME FUND OF AMERICA	CALIFORNIA	

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
N. A.		

PART C - REAL PROPERTY [Land, buildings]

TWO LOTS FORM INTO ONE LOT - LEHIGH ACRES, FLORIDA. 33936		
10-45-27-15- 00085-0010		
" " " " " " "		

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N. A.	MAY 2 " 1991

PART E — LIABILITIES IN EXCESS OF NET WORTH (Major debts)

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY I2	BUSINESS ENTITY I3
NAME OF BUSINESS ENTITY	NONE		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESSES			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE:

William G. Martin

DATE SIGNED:

5-2-94

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.

WHERE TO FILE: A *local officer* files with the Supervisor of Elections of the county in which he or she permanently resides. A *state officer* or a *specified state employee* files with the Department of State, Room 1801, The Capitol, Tallahassee, Florida 323990250. A *candidate* files this form together with his or her 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 Senate must file prior 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.

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 when qualifying.

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 \$5,000.

(Continued on p. 3)

LRR COUNTY CANVASSING BOARD
SCHEDULE OF MEETINGS

CONSTITUTIONAL COMPLEX
Third Floor - Ballot Counting Room

FIRST PRIMARY

Wednesday, September 7, 1994 1:00 PM
Logic & Accuracy Test
Thursday, September 8, 1994 8:00 AM
Canvass of Absentee Ballots

SECOND PRIMARY

Monday, October 3, 1994 1:00 PM
Logic & Accuracy Test
Tuesday, October 4, 1993 8:00 AM
Canvass of Absentee Ballots

GENERAL ELECTION

Monday, November 7, 1994 1:00 PM
Logic and Accuracy Test
Tuesday, November 8, 1994 8:00 AM
Canvass of Absentee Ballots

You are invited to attend the public Logic and Accuracy Test (testing of the ballot tabulating equipment) and the canvass of the absentee ballots. We anticipate the logic and accuracy testing to require approximately one hour. Canvass of the absentee ballots will take only a few minutes. (F.S. 101.5612) (F.S. 101.68)

If you should have further questions, please do not hesitate to call #339-6300.

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 and the canvassing of absentee ballots.

RECEIVED BY William G. Martin

DATE 7-11-94

JUL 11 12 54 P '94
SUPERVISOR
3

STATEMENT OF CANDIDATE

F.S. 106.023

Each candidate must file a statement with the qualifying officer within 10 days after he files his appointment of campaign treasurer and designation of campaign depository, stating that he has read and understands the requirements of this chapter.

STATEMENT OF CANDIDATE

I, WILLIAM G. MARTIN, candidate for the office of HOSPITAL Bd. DISTRICT #4, have received, read, and understand the requirements of Chapter 106, Florida Statutes.

William G. Martin
Signature of Candidate:

7-11-94
Date:

This document must be signed and returned to the office of the Supervisor of Elections within 10 days.

Send to:

Qualifying Officer
Elections Office
Post Office Box 2545
Fort Myers, FL 33902

RECEIVED
SUPERVISOR OF ELECTIONS
JUL 18 12 54 PM '94

or

Return to:

Lee County Constitutional Complex
Elections Office-Third Floor
2480 Thompson Street
Fort Myers, FL 33901

IF THERE ARE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CALL 339-6300.

PHILINDA A. YOUNG
SUPERVISOR OF ELECTIONS

RECEIVED
SUPERVISOR OF
JUL 18 12 54 PM '94

①

Comptroller of W&A. Meador

9-18 94

63-243/670

Pay to the order of
The E. J. Supervisor of Elections
\$ 275⁰⁰/₁₀₀
Two Hundred Seventy Five⁰⁰/₁₀₀ Dollars

NationsBank

NationsBank of Florida, N.A.

For Campano Fund William A. Meador

⑆067002436⑆ 3512770827⑈

ONE MILLION

**FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT
SUMMARY SHEET (DS-DE 12)**

MARTIN, WILLIAM G.

Candidate's name (Last, Suffix, First, Middle) OR
Political Committee, CCE, or Party Name

Identification Number (Assigned by Division of Elections)

15890 Lake Point Ct
Address (Number and Street)

Hosp Board, Dist 4
Office Sought (Include District, Circuit and Group Number)

N. Ft Myers, FL 33917
City State Zip Code

Candidate Committee of Continuous Existence

Check box if address has changed since last report.

Political Committee Party Executive Committee

Check here if PC or CCE has disbanded and will no longer file reports.

Campaign depository or bank account number _____

**TYPE OF REPORT
(Check Appropriate Box)**

FINAL REPORT

Cover Period: From 7-1-94 To 7-31-94

QUARTERLY REPORTS

FIRST PRIMARY

SECOND PRIMARY

GENERAL ELECTION

January

32nd day prior

18th day prior

18th day prior

April

18th day prior

4th day prior

4th day prior

July

4th day prior

October

SPECIAL ELECTION

THIS REPORT IS AN AMENDMENT

TERMINATION REPORT (CANDIDATE'S ONLY)

INDEPENDENT EXPENDITURE REPORT

AUG 13 1994

CERTIFICATION

I certify that I have examined this report and it is true, correct and complete.

I certify that I have examined this report and it is true, correct and complete.

William G. Martin
Type Name of Treasurer Deputy Treasurer

SAME
Type Name of Candidate Chairman (PC/Party Only)

WILLIAM G. MARTIN
Signature

Signature

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS
 CAMPAIGN TREASURER'S REPORT
 SUMMARY SHEET (DS-DE 12) CON'T

CONTRIBUTIONS	COLUMN 1 Cash & Checks	COLUMN 2 Loans	COLUMN 3 Total Monetary (COL. 1 + 2)	COLUMN 4 In-Kind
A. Contributions Brought Forward From Previous Report, If Any	- 0 -	- 0 -	- 0 -	
B. Contributions This Report		375 ⁰⁰	37.5 ⁰⁰	
C. Total Contributions (Add Lines A + B)		375 ⁰⁰	375 ⁰⁰	

FINAL REPORT

EXPENDITURES	COLUMN 2 Surplus Funds	COLUMN 3 Total Monetary	COLUMN 4 In-Kind
D. Expenditures Brought Forward from Previous Report, If Any	- 0 -	- 0 -	
E. Expenditures This Report (Excluding Transfers to Office Account)	375 ⁰⁰	375 ⁰⁰	
F. Transfers To Office Account (Candidates Only)			
G. Total Expenditures (Add Lines D + E + F)	375 ⁰⁰	375 ⁰⁰	

BALANCE	COLUMN 3 Total Monetary
H. Balance in Account at End of Prior Year (Political Committees, CCEs, and Party Executive Committees Only)	—
I. Total Monetary Contributions (From Line C, Column 3 Above)	375 ⁰⁰
J. Total Expenditures (From Line G, Column 2 + 3 Above)	375 ⁰⁰
K. ACCOUNT BALANCE (Line H + Line I - Line J)	- 0 -

Aug 18

SUBP

16 III 1991

ITEMIZED CONTRIBUTIONS (DS-DE 13)

Cover Period: 7-9 through 10-14 Page 1 of 1

Name of Candidate, Political Committee, Committee of Continuous Existence or Party Executive Committee
WILLIAM GEORGE MARTIN

Transfer of Funds from Interest bearing Account OR Certificate of Deposit to Campaign Account (Interest Not Included,)					
Name of Financial Institution		Nature of Account		Date of Transfer	Amount
NATIONS BANK N. FT. MYERS, FL. 33917		CAMPAIGN		7-18-94	\$275.00
Date	Full Name, Mailing Address and Zip Code	Occupation if OVER \$100	Monetary Amount Including Interest Earned	In-Kind Amount	Description of In-Kind
1. 7-11-94	WILLIAM GEORGE MARTIN 10500 LAKOTA COURT N. FT. MYERS, FL. 33917		\$(LOAN) \$375.00		
2.					
3.					
4.					
5.					
6.					AUG 1
7.					1 36 PM '94
8.					OF
9.					
10.					

FINAL REPORT

NOTE: Committees of Continuous Existence ONLY -- Any contribution which represents the payment of dues by a member in a fixed amount pursuant to the schedule on file with the Division of Elections need only list the aggregate amount of such contribution, together with the number of members paying such dues and the amount of membership dues.

ITEMIZED EXPENDITURES (DS-DE 14)

Cover Period: 7-94 through 10-94

Page 1 of 1

Name of Candidate, Political Committee, Committee of Continuous Existence or Party Executive Committee

Total Amount Spent for Petty Cash Purposes During the Reporting Period \$ 375.00

Transfer of Funds to Interest Bearing Account OR Certificate of Deposit from Campaign Account					
Name of Financial Institution		Nature of Account		Date of Transfer	Amount
NATIONS BANK N. FT. MYERS, FL.		CAMPAIGN		7-11-94	\$575.00
Date	full Name, Mailing Address and Zip Code	*Office Sought	Purpose of Expenditure	Amount	
1. 7-11-94	WILLIAM GEORGE MARTIN 15546 LK. PT. COURT N. FT. MYERS, FL. 33917	HOSPITAL BD. DISTRICT # 4	TO MY ACCOUNT	\$100.00	
2. 7-18/94	LEE COUNTY ELECTIONS PO. DRAWER 2545 FT. MYERS, FL. 33902	11 11	FOR FILING FEE	\$275.00	
3.					
4.					
5.					
5.					
7.					
3.					
7.					
10.					

FINAL REPORT

Aug 18 1 36 PM '94
SUPERINTENDENT OF ELECTIONS

• If expenditure is a contribution to a candidate, please give the office sought (include district, circuit and group number).