

COPY

LOYALTY OATH
CANDIDATES **WITH** PARTY AFFILIATION
(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

Lee COUNTY

(PLEASE PRINT)

I, <u>Andrew</u> First Name	<u>W.</u> Middle Name/Initial	<u>Coy</u> Last Name
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a citizen of the State of Florida and of the United States of America, and a candidate for public office . . . & 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 68.021, Florida Statutes)

I, Andy Coy
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of County Commissioner Dist #4
(office) (district) (circuit)

I am a qualified elector of Lee County, Florida. I am qualified (group)

under the Constitution and the 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 from which I am required to resign pursuant to Section 99.012, Florida Statutes.

STATEMENT OF PARTY

(Section 99.021, Florida Statutes)

I 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 political party of which I am a member.

RECEIVED SUPERVISOR OF ELECTIONS JUN 13 4 19 PM '98

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH, OATH OF CANDIDATE AND STATEMENT OF PARTY AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE → Andrew W. Coy
Signature of Candidate

165 S.E. 4th Terrace
Mailing Address
Cape Coral Fla. 33990
City State Zip Code

(941) 335-2226 ()
DayPhone Fu Number
7/13/98
Date Signed

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, Austin W. G., candidate for the office of County Commissioner - District #4, have received, read, and understand the requirements of Chapter 106, Florida Statutes.

Austin W. G.
Signature of Candidate:

7/13/98
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

or

Return to:

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

RECEIVED
SUPERVISOR OF
ELECTIONS
JUL 13 4 29 PM '98

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

PHILINDA A. YOUNG
SUPERVISOR OF ELECTIONS

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 1997

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

NAME OF AGENCY:

LEE COUNTY

BOY ANDREW

P.O. BOX 398

FORT MYERS FL 33902-0398

OFFICE HELD:

OFFICER COUNTY COMMISSIONERS DISTRICT 4

OFFICE SOUGHT:

CANDIDATE

POSITION:

OTHER

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 \$10,000.

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 1997, or a more current date. [Note: net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of May 22, 19 98 was \$ 51,035

PART B-ASSETS WORTH MORE THAN \$1,000

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 25,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
House - 165 SE 4th Terrace, Cape Coral, FL	99,500
1995 Dodge Caravan Grand	11,775
1992 Ford Mustang Convertible	6,550

PART C- LIABILITIES IN EXCESS OF 51,000

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Republic Bank (House Mortgage) P.O. Box 7011 Clearwater, FL	99,500

PART D -INCOME

You may **EITHER** (1) file a complete copy of your 1997 federal income tax return, including all attachments, OR (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D on page 2 Of this form.

I elect to file a copy of my 1997 federal income tax return. [If you check this box and attach a copy of your 1997 tax return, you need not complete the remainder of Par. D.]

(Pan D, Continued)

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Lee County Commissioner - Dist. #4	P.O. Box 398, Ft. Myers, FL	57,125.08

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

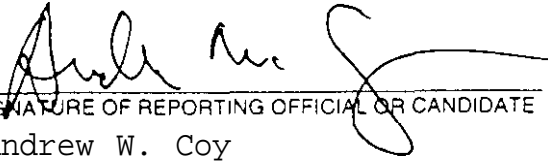
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses--see instructions]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET. PLEASE CHECK HERE

I the person whose name appears at the beginning of this form, do depose on oath or affirmation end say that the information disclosed on this form and any attachments hereto is true, accurate, end complete.


 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE
 Andrew W. Coy

OATH STATE OF FLORIDA Lee
 COUNTY OF
 Sworn to (or affirmed) and subscribed before me this 8 th
 day of June 19 98 by


 (Signature of Notary Public--State of Florida)

Bette Jo Greenwell

(Print, Type, or Stamp Commissioned Name of Notary Public)

HETTE JO GREENWELL
 My Comm Exp. 9/13/99

Personally Known OR Produced Identification
 Type of Identification Produced No CC495443

FILING INSTRUCTIONS

WHAT TO FILE: After completing the form, file only the first sheet (pages 1 and 2). Note: You also may be required to file Form 10 at the back of this packet (see the form for instructions).

WHERE TO FILE: Office-holders file with the Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. Candidates file with the officer before whom they qualify.

WHEN TO FILE: Office-holders must file no later than July 1, 1998.

Candidates must file prior to or at the time they qualify.