

**LOYALTY OATH**  
 CANDIDATES WITH NO PARTY AFFILIATION  
 (Sections 876.05-876.10, Florida Statutes)

**COPY**

STATE OF FLORIDA

Lee COUNTY

(PLEASE PRINT)

I, <u>BENJAMIN</u>	a .	<u>Fishman</u>
First Name	Middle Name/Initial	Last Name

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.

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, BEN FISHMAN  
 (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 Hospital Board, 2, Jul 14  
 (office) (district) (circuit)

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

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.

SUPERVISOR OF REGISTRATION

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

**SIGN HERE**



*Benjamin D. Fishman*  
 Signature of Candidate

6924 Erin Marie Ct  
 Mailing Address

(941) 433-0209 (941) 433-1263  
 Day Phone Fax Number

Ft Myers   FL   33919   
 City State Zip Code

7/14/98   
 Date Signed

# FORM 1 STATEMENT OF FINANCIAL INTERESTS 1997

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING  CHECK EITHER <input checked="" type="checkbox"/> DECEMBER 31, 1997 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR _____	NAME OF YOUR AGENCY: _____
LAST NAME - FIRST NAME - MIDDLE NAME: <b>Fishman, Benjamin David</b>	CHECK ONE OF THE FOLLOWING CATEGORIES <input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input checked="" type="checkbox"/> CANDIDATE  <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
MAILING ADDRESS: <b>6924 Erin Marie Ct</b>  <b>Ft. Myers</b> <b>33919</b> <b>Lee</b> CITY:                                  ZIP:                                  COUNTY:	LIST OFFICE OR POSITION HELD OR SOUGHT: _____

**NOTICE: Under provisions of Sec. 712.377, 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 - 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
<b>K-MART PHARMACY</b>	<b>15271-33 McGregor Blvd FT. MYERS, FL. 33908</b>	<b>Pharmacy</b>

**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
<b>NONE</b>		

**PART C - REAL PROPERTY** [Land, buildings]

<b>NONE</b>

**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.

(Continued on p.2)

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<i>None</i>	

**PART E — LIABILITIES IN EXCESS OF NET WORTH** [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR
<i>NONE</i>	

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	<i>None</i>		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE:

*Bernard D. Johnson*

DATE SIGNED

*7/14/98*

**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.

**NOTE: 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.

**WHERE TO FILE:** *Local officers* file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor Of the county where your agency has its headquarters.) *State officers or specified state employees* file with the Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399.0250. *Candidates* file this form together with your 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.

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