

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

COPY

STATE OF FLORIDA

LEE COUNTY

(PLEASE PRINT)

I, CINDY L. KUCHARSKI  
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, CINDY KUCHARSKI  
(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 SCHOOL BOARD 4  
(office) (district) (circuit)

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

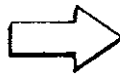
under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrently with the office I seek; and I have resigned from any office from which 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.

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



Cindy Kucharski  
Signature of Candidate

3955 HIDDEN ACRES CIR  
Mailing Address

(941) 995-7465 (941) 995-6732  
Day Phone Fax Number

NFT MYERS FL 33903  
City State Zip Code

3/4/98  
Date Signed

# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 1997

COPY

LAST NAME -- FIRST NAME -MIDDLE NAME: <b>KUCHARSKI, CINDY L.</b>		NAME OF AGENCY: <b>LEE COUNTY SCHOOL BOARD</b>	
MAILING ADDRESS: <b>3955 HIDDEN ACRES CIR.</b>		OFFICE HELD: <input type="checkbox"/> OFFICER	
CITY: <b>N FT MYERS</b>		OFFICE SOUGHT: <input checked="" type="checkbox"/> CANDIDATE <b>LEE CTY SCHOOL BOARD</b>	
ZIP: <b>33903</b>		POSITION: <b>DISTRICT 4</b>	
COUNTY: <b>LEE</b>		<input type="checkbox"/> OTHER	

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.

**NOTICE: Under provisions of Sec. 172.377, 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 -- 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 JULY 15, 19 98 was ~~\$189,231~~ **\$189,231** CK

### PART S-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 \$ 49,225

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
HOME - 3955 HIDDEN ACRES CIR N FT MYERS FL 33903	\$12,900
3 HORSES	\$4,000
PIANO	\$10,000
IRA	\$157,000
SEWING MACHINES, EQUIPMENT, SOFTWARE	\$20,000 CK

### PART C- LIABILITIES IN EXCESS OF \$1,000

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FIRST UNION MORTGAGE CORP. PO BOX 900001 RALEIGH NC 27675	\$113,438
SOUTHRUST BANK PO BOX 2125 FT MYERS FL 33903	48,929
SUNCOAST SCHOOLS FED CREDIT UNION PO BOX 11904 TAMPA FL	\$16,250
SUNCOAST SCHOOLS FED CREDIT " 33680	\$17,377

### 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 Part D.]

# COPY

(Part D, Continued)

### PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
LEE MEMORIAL HEALTH SYSTEM	9981 HEALTHARK CIR FT MYERS	\$ 6801-
W FL REG MED CENTER	2727 WINKLER FT MYERS	\$ 4794-
INTEREST	ST UNION - 1890 N TAMPA ME TR NFM	\$ 225-

### 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]

NAME OF BUSINESS ENTITY	BUSINESS ENTITY #1	BUSINESS ENTITY #2	BUSINESS ENTITY #3
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 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 and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

OATH STATE OF FLORIDA COUNTY OF See

Sworn to (or affirmed) and subscribed before me this 16th day of July, 1998 by CINDY L. KUCHARSKI

OFFICIAL NOTARY SEAL  
BERNICE RAMOS FELICIANO  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC412120  
MY COMMISSION EXP. OCT. 19, 1998

Bernice Ramos Feliciano  
(Signature of Notary Public--State of Florida)

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

Cindy Kucharski  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known \_\_\_\_\_ OR Produced Identification   
Type of Identification Produced FDL #K263-119-50-101-0

## 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.