

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
FOR CANDIDATES**
(Section 106.021(1), F.S.)

CHECK APPROPRIATE BOX

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

(PLEASE TYPE)

Name of Candidate CAMPOCHARO, JOSEPH N.		1. Address (include post office box or street, city, state, zip code) 9807 ENSIGN CT FT MYERS FLA. 33911	
Telephone (optional) 489-1964	2. Party (Partisan candidates only) NIP	3. Office (add district, circuit or group number) HOSPITAL BOARD DIST 2	

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

4. Name of Treasurer or Deputy Treasurer
DAVID BULL

5. Mailing Address (if post office box or drawer add street address) 2581 STYLES RD	6. Telephone 728-2173
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7. City ALVA	8. County LEE	9. State FLA.	10. Zip Code 33920
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank SOUTH FLORIDA BANK	12. Street Address MCGREGOR BLVD
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13. City FT. MYERS	14. County LEE	15. State FLA	16. Zip Code 33901
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I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS.

17. Signature of Candidate X [Signature]	Date 07-14-98
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RECEIVED OF SUPERVISOR ELECTIONS JUL 14 10 33 AM 1998

Campaign Treasurer's Acceptance of Appointment

I, DAVID BULL, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of JOSEPH N. CAMPOCHARO

who is seeking nomination or election as a NIP candidate to the office of
(Party)

HOSPITAL BOARD DIST 2 As a duly registered voter in LEE

County, Florida, I am qualified to accept this appointment.

07-14-98 Date Signature of Campaign Treasurer or Deputy Treasurer DM Bull

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
 AND DESIGNATION OF CAMPAIGN DEPOSITORY
 FOR CANDIDATES
 (Section 106.021(1), F.S.)

CHECK APPROPRIATE BOX
 Original Appointment
 Deputy Treasurer
 Reappointment of Treasurer
 Secondary Depository

(PLEASE TYPE)

Name of Candidate: JOSEPH N. CAMPOCHIARO 1. Address (include post office box or street, city, state, zip code): 9807 ENSIGN CT FT. MYERS, FLA 33919

Telephone (optional): 489-1964 2. Party (Partisan candidates only): N/P 3. Office (add district, circuit or group number): HOSPITAL BOARD DIST 2

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

4. Name of Treasurer or Deputy Treasurer: JOSEPH N. CAMPOCHIARO

5. Mailing Address (if post office box or drawer add street address): 9807 ENSIGN CT FM FL 33 919 6. Telephone: 489-1964

7. City: FT. MYERS 8. County: LEE 9. State: FLA. 10. Zip Code: 33919

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

11. Name of Bank: SOUTH FLORIDA BANK 12. Street Address: MCGREGOR BLVD

13. City: FT. MYERS 14. County: LEE 15. State: FLA. 16. Zip Code: 33901

I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS

17. Signature of Candidate: [Signature] Date: 07-14-98

Campaign Treasurer's Acceptance of Appointment

JOSEPH N. CAMPOCHIARO, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of JOSEPH N. CAMPOCHIARO
 who is seeking nomination or election as a N/P candidate to the office of
 (Party)

HOSPITAL BOARD duty registered voter in LEE

County, Florida, I am qualified to accept this appointment.
07-14-98 Date [Signature] Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED SUPERVISOR OF ELECTIONS 07 33 AM '98

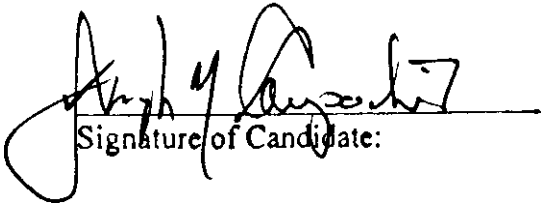
STATEMENT OF CANDIDATE

F.S. 106023

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, JOSEPH N. CAMPOCHIARO candidate for the office of HOSPITAL BOARD DIST 2, have received, read, and understand the requirements of Chapter 106, Florida Statutes.


Signature of Candidate:

07-14-98
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 14 10 34 AM '98

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

PHILINDA A. YOUNG
SUPERVISOR OF ELECTIONS

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

STATE OF FLORIDA LEE COUNTY

(PLEASE PRINT)

I, JOSEPH N I CAMPOCHIARO
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, JOSEPH N. CAMPOCHIARO
 (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER TM END OF QUALIFYING)

am a candidate for the office of HOSPITAL BOARD 2 /
(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.

RECEIVED SUPERVISOR OF ELECTIONS JUN 14 10 23 AM '98

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 →

Joseph N. Campochiaro
Signature of Candidate

9807 ENSIGN CT.
Mailing Address

(941) 489-1964 /
Day Phone Fax Number

FTMYERS FLA 3391 4
City State Zip Code

01-14-98
Date Signed

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc.)

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

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

NAME OF CREDITOR	ADDRESS OF CREDITOR

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	N/A		
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:

Joseph H. DeLoach

DATE SIGNED:

07-14-98

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 slate 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.

(Continued on p 3)