

COPY

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

STATE OF FLORIDA

Lee COUNTY

(PLEASE PRINT)

|                     |                     |              |
|---------------------|---------------------|--------------|
| I, <u>Katherine</u> | <u>A.</u>           | <u>Boren</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, Katherine Boren  
(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 (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.

JUL 13 1998

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** → **X** Katherine Boren  
 Signature of Candidate

1029 SE. 20<sup>th</sup> Avenue  
 Mailing Address  
Cape Coral, FL 33990  
 City State Zip Code

(941) 574-9321 (941) 574-9321  
 Day Phone Fax Number  
7/13/98  
 Date Signed

**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 SCHOOL DISTRICT

BDRÉN, KATHERINE  
1029 SE 20TH AVENUE  
CAPE CORAL, FL 33990

OFFICE HELD: member school board  
OFFICE SOUGHT:  
POSITION:

OFFICER  
 CANDIDATE  
 OTHER

**NOTICE: Under provisions of Sec. 112.3 17, 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 December 31, 1997 was \$295,012.23 JUL 1998

**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 \$ 71,675.00

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

| DESCRIPTION OF ASSET                                 | VALUE OF ASSET      |
|--|---------------------|
| <u>Residence - 1029 SE 20th Ave, Cape Coral, FL</u>  | <u>\$112,748.26</u> |
| <u>Stocks - Fidelity Mutual Funds</u>                | <u>\$18,115.63</u>  |
| <u>First Union - bank account, Barnett Bank - CD</u> | <u>\$101,528.33</u> |
| <u>1 share - Fandoruk's Realty Corp.</u>             | <u>\$3,458.00</u>   |
| <u>IRA - Tri-Continental Common Stock</u>            | <u>\$20,893.08</u>  |
| <u>IRA - First Union</u>                             | <u>\$2531.27</u>    |

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

| NAME AND ADDRESS OF CREDITOR                                       | AMOUNT OF LIABILITY |
|--|---------------------|
| <u>SUN Trust Mortgage Inc., PO Box 10577, Atlanta GA</u>           | <u>\$39,261.29</u>  |
| <u>Internal Revenue Service (1997 est tax payment), Atlanta GA</u> | <u>\$1,700.00</u>   |

**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.]

(Part D, Continued)

PRIMARY SOURCES OF INCOME:

| NAME OF SOURCE OF INCOME EXCEEDING \$1,000  | ADDRESS OF SOURCE OF INCOME              | AMOUNT      |
|---|--|-------------|
| School District of Lealorville  | 2055 Central Avenue<br>Ft Myers FL 33901 | \$23,868.31 |
| Fairwinds Realty Corp   | 14101 Fair Isle Drive<br>Delray Beach FL | \$5,300.00  |
| General Electronic Service  | 1024 54 80th Avenue<br>Cape Coral FL     | \$12,294.92 |
| First Union National Bank   | 2304 Del Prado Blvd<br>Cape Coral FL     | \$2,935.72  |
| First Union Professional Services   | 2304 Del Prado Blvd<br>Cape Coral FL     | \$1,393.08  |
| SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions) |  | \$1,328.79  |

| 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                     |                     |                     |                     |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS |                     |                     |                     |
| NATURE OF MY OWNERSHIP INTEREST               |                     |                     |                     |

RECEIVED OF SUPERVISOR OF ELECTIONS JUN 14 2 11 PM '98

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 Lee Sworn to (or affirmed) and subscribed before me this 26<sup>th</sup> day of May, 1998 by Katherine Brown  
Ruth H. Moon  
(Signature of Notary Public--State of Florida)

SIGNATURE OF REPORTING OFFICER  
OFFICIAL NOTARY SEAL  
RUTH H MOON  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC591646  
MY COMMISSION EXP. OCT. 8 2000

Ruth H. Moon  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
Personally Known  OR Produced Identification   
Type of Identification Produced N/A

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).

FILING 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.