

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

COPY

STATE OF FLORIDA

LEE

COUNTY

(PLEASE PRINT)

I, KENNETH D. BOYCE
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, KENNETH D. BOYCE
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

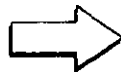
am a candidate for the office of COUNTY COMMISSIONER 2
(office) (WRITE-IN CANDIDATE) (district) (circuit)

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.

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



Kenneth D. Boyce
Signature of Candidate

RECEIVED
SUPERVISOR OF
ELECTIONS
JUL 16 1 04 PM '98

4830 E. RIVERSIDE DR
Mailing Address

941 694-0882 ()
Day Phone Fax Number

FM FL 33905
City State Zip code

07-16-98
Date Signed

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

COPY

(PLEASE TYPE)

Name of Candidate KENNETH D. BOYCE	1. Address (include post office box or street, city, state, zip code) 4830 E RIVERSIDE DR. FT MYERS FL 33905	
Telephone (optional) (941) 694-0282	2. Party (Partisan candidates only) KDB (WRITE-IN) CAND	3. Office (add district, circuit or group number) LEE CTY. COMMISSIONER DIST 2

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

4. Name of Treasurer or Deputy Treasurer
LORI E. BOYCE

5. Mailing Address (ii post office box or drawer add street address) **4830 E. RIVERSIDE DR. FT. MYERS FL 33905** 6. Telephone **(941) 694-0282**

7. City FT. MYERS	8. County LEE	9. State FL	10. Zip Code 33905
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank BARNETT BANK		12. Street Address 1800 TAMiami TRAIL NORTHEAST	
13. City N. FT MYERS	14. County LEE	15. State FL	16. Zip Code 33903

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

17. Signature of Candidate X Kenneth D Boyce	Date 7-17-98
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Campaign Treasurer's Acceptance of Appointment

I, **LORI E BOYCE**, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **KENNETH D. BOYCE**
 who is seeking nomination or election as a **KDB (WRITE-IN) CANDIDATE** candidate to the office of
 (Party)

LEE CTY. COMMISSIONER DIST 2. As a duly registered voter in **LEE**

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

JULY 16, 1998 **XV Lori E. Boyce**
 Date Signature of Campaign Treasurer & Deputy Treasurer

RECEIVED
 SUPERVISOR OF
 ELECTIONS
 JUL 17 9 03 AM '98

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

(PLEASE TYPE)

CHECK APPROPRIATE BOX

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

COPY

Name of Candidate KENNETH D. BOYCE	1. Address (include post office box or street, city, state, zip code) 4830 E. RIVERSIDE DR. FM 33905
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Telephone (optional) 694-0282	2. Party (Partisan candidates only) KS (WRITE-IN) CAND.	3. Office (add district, circuit or group number) COUNTY COMMISSIONER DIST 2
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name Of Treasurer or Deputy Treasurer
SELF

5. Mailing Address (if post office box or drawer add street address) 4830 E. RIVERSIDE DR.	6. Telephone 694-0282
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7. City FT. MYERS	8. County LEE	9. State FL	10. Zip Code 33905
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I have designaed the following named bank as my Primary Depository Secondary Depository

11. Name of Bank BARNETT BANK	12. Street Address 1800 N. TAMiami ER
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13. City N. FT MYERS	14. County LEE	15. State FL	16. Zip Code 33903
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I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS.

17. Signature of Candidate X ✓ Kenneth D. Boyce	Date 7-16-98
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Campaign Treasurer's Acceptance of Appointment

I, **KENNETH D. BOYCE**, do hereby accept the appointment as
(Please Print or Type)

as Campaign Treasurer Deputy Treasurer for the campaign of **KENNETH D. BOYCE**
who is seeking nomination or election as a **KS (WRITE-IN) CAND.** candidate to the office of
COUNTY COMMISSIONER DIST 2 (Party) As a duly registered voter in **LEE**

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

07-16-98
Date

X Kenneth D. Boyce
Signature of Campaign Treasurer or Deputy Treasurer

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"/> OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR _____ DECEMBER 31, 1997 _____	NAME OF YOUR AGENCY COPY <i>COUNTY COMMISSION DIST 2</i>
LAST NAME - FIRST NAME - MIDDLE NAME <i>BOYCE KENNETH D.</i>	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: <i>4830 E RIVERSIDE DR.</i>	LIST OFFICE OR POSITION HELD OR SOUGHT: <i>COUNTY COMMISSIONER DIST #2</i>
<i>FT. MYERS 33905 LEE</i> CITY: ZIP: COUNTY:	

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 -- 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
<i>RAYMOND BLDG SPLY</i>	<i>1314 N. Tamiami Tr.</i>	<i>BLDG SPLY.</i>

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
<i>RENTAL Prop.</i>	4830 E <i>214 DELRAY Ave</i>	<i>HOUSE RENTAL</i>

PART C -- REAL PROPERTY [Land, buildings]

<i>214 DELRAY Ave</i>

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)

(Continued on p. 2)

COPY

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates or 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
AMERICAN SAVINGS & LOAN HOME SAVINGS of America	P.O. Box 60020

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	Rental Prop.		
ADDRESS OF BUSINESS ENTITY	214 DELRAY		
PRINCIPAL BUSINESS ACTIVITY	Rental Hse		
POSITION HELD WITH ENTITY	owner		
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: Kenneth D. Byer DATE SIGNED: 7-16-98

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 slate 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.

(Continued on p.3)

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 requirement- of this chapter.

STATEMENT OF CANDIDATE

COPY

I, KENNETH D. BOYCE, candidate for the office of COUNTY COMMISSIONER-DIST 2, have received, read, and understand the requirements of Chapter 106, Florida Statutes. (WRITE-IN CAND)

✓ Kenneth D. Boyce
Signature of Candidate:

07-16-98
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 16 1 04 PM '98

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

*PHILINDA A. YOUNG
SUPERVISOR OF ELECTIONS*

