

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

STATE OF FLORIDA

COPY

LEE COUNTY

(PLEASE PRINT)

I, <u>HERMAN</u>	<u>R.</u>	<u>BLANCHETTE</u>
<small>First Name</small>	<small>Middle Name/Initial</small>	<small>Last Name</small>

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . 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, H.R. "RED" BLANCHETTE
(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, 4
(office) (district) (circuit)

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.

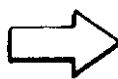
STATEMENT OF PARTY

(Section 99.021, Florida Statutes)

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



H.R. Blanchette
Signature of Candidate

RECEIVED OF
SUPERVISORS
ELECTIONS
JUL 16 10 36 AM '98

1652 N. Tamiami TL
Residential Address

(941) 995-2455
Day Phone Fax Number

FTMYERS FL 33903
City State Zip Code

07-16-98
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: _____ <input checked="" type="checkbox"/>	NAME OF YOUR AGENCY N. Ft. Myers Fire Control + Rescue Service District
LAST NAME - FIRST NAME - MIDDLE NAME: Blanche, Newman R.	CHECK ONE OF THE FOLLOWING CATEGORIES: <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> CANDIDATE <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
MAILING ADDRESS: 1652 N. Tamiami Tr.	LIST OFFICE POSITION HELD FOR SOUGHT Commissioner
CITY: N. Ft. Myers ZIP: 33503 COUNTY: LEE	

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
Sobal Motel	1652 N. Tamiami Tr. NFM 33503	Motel
Duplex	2516-2518 Jackson St Fm. 33501	Rentals
Triplex	2255-2257 Ponce St. Fm. 33503	Rentals

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

PART C — REAL PROPERTY [Land, buildings]
1652 N. Tamiami Tr. NFM 33503
2516-2518 Jackson St. Fm 33501
2255-2257 Ponce St. Fm. 33501

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
IRA's	AmSouth Bank
IRA's	Reliance Trust (All Souls Church)

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			
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 FARE CONTINUED ON A SEPARATE SHEET. PLEASE CHECK HERE

SIGNATURE

DATE SIGNED

[Handwritten Signature]

5/30/98

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 in 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 you, 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 you, qualifying papers. To determine what category you, 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 you, 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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