

**LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS  
LEE COUNTY TRAUMA SERVICES DISTRICT BOARD OF DIRECTORS  
NON-PARTISAN CANDIDATE LOYALTY OATH**

NON-PARTISAN OFFICE  
Sections 876.05-876.10, Florida Statutes, 2000 Florida House Bill 1615

STATE OF FLORIDA

LEE COUNTY

**PLEASE PRINT**

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
TERRY	R.	BEARD

I am a citizen of the 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

**READ CAREFULLY. YOU CANNOT CHANGE THE WAY YOU WANT YOUR NAME TO APPEAR ON THE BALLOT AFTER THE END OF QUALIFYING**

**PRINT NAME BELOW AS YOU WANT IT TO APPEAR ON THE BALLOT**

TERRY R. BEARD, am a candidate for the  
PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office of Lee Memorial Health System Board of Directors and the Lee County Trauma Services Board of Directors for District #2, AND that;

am a qualified elector of Lee County, Florida. I am qualified under the Constitution and 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 which I am required to resign pursuant to Section 99.012, Florida Statutes, AND that;

being employed by or an officer of the Lee Memorial Health System Board of Directors and the Lee County Trauma Services District Board of Directors, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida, AND that;

have not violated any of the laws of the State of Florida relating to electors and to registration of electors, AND that;

am seeking election as a director of the Lee Memorial Health System Board of Directors and the Lee County Trauma Services District Board of Directors from the county health system district which I reside in, AND that; I have taken the oath required by section 876.05, Florida Statutes.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE**

SIGN HERE:

Terry R. Beard  
Signature of Candidate

07/17/06  
Date Signed

1411 ARGYLE DR  
Mailing Address

(239) 432-3835  
Daytime Telephone #

( )  
Fax Telephone Number

FT. MYERS, FL 33919  
City/ZIPCODE

This form has been modified for Lee County only 07-07-06.

06 JUL 20 11 05 9 SDE Lee Co FL

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
TERRY	R.	BEARD

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

**IMPORTANT NOTICE TO ALL CANDIDATE**  
**READ CAREFULLY. YOU CANNOT CHANGE THE WAY YOU WANT YOUR NAME TO**  
**APPEAR ON THE BALLOT AFTER THE END OF QUALIFYING**

PRINT NAME BELOW AS YOU WANT IT TO APPEAR ON THE BALLOT

I, TERRY R. BEARD, am a candidate for the  
PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office of BOARD MEMBER # 2  
LEF MEMORIAL OFFICE DISTRICT CIRCUIT  
LEF MEMORIAL OFFICE  
H SYSTEM I am a qualified elector of LEE County, Florida. I am  
GROUP

qualified under the Constitution and 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 which I am required to resign pursuant to Section 99.012, Florida Statutes.

SIGN HERE:

Terry R. Beard  
 Signature of Candidate

07/17/06  
 Date Signed

1411 Arroyo Dr  
 Mailing Address

(239)-432-3835  
 Daytime Telephone #

( )  
 Fax Telephone Number

FT. MYERS, FL 33919  
 City/ZIPCODE

0611 Form 1039-08-04-07-07

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME  
**BEARD, TERRY RICHARD**

MAILING ADDRESS:  
**1411 ARGYLE DR**

**FT. MYERS 33919 LEE**

CITY: ZIP: COUNTY:  
**LEE MEMORIAL HEALTH SYSTEM**

NAME OF AGENCY:  
**DISTRICT #2 BOARD MEMBER SEAT**

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY

ID Code

ID No.

Conf. Code

P. Req. Code

F06 JUL 20 09 10 59 SDE Lef Co FI

**\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\***

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2005 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCES ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
PLANT OPERATIONS MECHANIC	HEALTHPARK 9981 HEALTHPARK CR FT. MYERS, FL 33908	Provide MAINTENANCE For HEALTHCARE FACILITY

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
(This section is currently blank)			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

**HOME - 1411 ARGYLE DR FT. MYERS, FL**

**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.

**OTHER FORMS** you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Mutual Funds, Annuities

RAYMOND JAMES & Associates

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Personal Loan

SUNCOAST FED CREDIT UNION

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

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

*Tony R Seal*

DATE SIGNED (required):

07/20/06

**FILING INSTRUCTIONS:**

**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.

have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

**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:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they 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 & specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**WHEN TO FILE:**

Initially, each local officer/employee, 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.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.