

COPY

JUDICIAL OFFICES LOYALTY OATH

(Sections 676-0567610, Florida Statutes)

STATE OF FLORIDA

LEE

COUNTY

(PLEASE PRINT)

I, JOHN	WILLIAM	DOMMERICH
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 105.031, Florida Statutes)

RECEIVED
SUPERVISOR OF
ELECTIONS
JUL 13 12 18 PM '98

I, JOHN W. DOMMERICH

(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 judicial office of LEE COUNTY JUDGE
(office) (district) (circuit)

4. My legal residence is LEE County, Florida. I am a qualified elector
(group)

of the state and of the territorial jurisdiction of the court to which I seek election. I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained. 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.

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.

RECEIVED
SUPERVISOR OF
ELECTIONS
JUN 26 12 47 PM '98

SIGN HERE



John Dommerich
Signature of Candidate

1700 MONROE STREET

Mailing Address

(941) 335-2913

Day Phone

()

Fax Number

FORT MYERS

FL

33901

City

State

Zip Code

Date Signed

June 26, 1998

(Part D. Continued)

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions):

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)

	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 AN 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 LEE COUNTY OF

Sworn to (or affirmed) and subscribed before me this 4th day of JUNE, 1998 by

Donette M. Keppen
(Signature of Notary Public--State of Florida)

Robert Sommerich
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

CHARLOTTE M. KEPPEN
MY COMMISSION # 068505 EXPIRES Commissioned Name of Notary Public)
March 23, 1999
BONDED THRU TROY FAJN INSURANCE, INC.
Personally Known OR Produced Identification
Type of Identification Produced

FILING INSTRUCTIONS

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).

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.