FORM 1STATEMENT OF FINANCIAL INTERESTS1997

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING: NAME OF YOUR AGENCY: CHECK EITHER DECEMBER 31, 1997 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: NAME OF YOUR AGENCY: LAST NAME - FIRST NAME - MIDDLE NAME: CHECK ONE OF THE FOLLOWING CATEGORIES: LAST NAME - FIRST NAME - MIDDLE NAME: CHECK ONE OF THE FOLLOWING CATEGORIES: MAILING ADDRESS: CHECK ONE OF THE FOLLOWING CATEGORIES: LIZCLA SW 57T ST COUNTY: CITY: COUNTY: CITY: COUNTY: COUNTY: COUNTY: NOTICE: Under provisions of Sec. 112 317. Elorida Statutes a failure to make any required)					
CHECK EITHER DECEMBER 31, 1997 LAST NAME - FIRST NAME - MIDDLE NAME: BARLETTA E-WATTER MAILING ADDRESS: 1206 SW STT ST CITY: CIT)					
LAST NAME - FIRST NAME - MIDDLE NAME: CHECK ONE OF THE FOLLOWING CATEGORIES: BARLETTA E. WALTER CHECK ONE OF THE FOLLOWING CATEGORIES: MAILING ADDRESS: COUNTER IZC6 Sco S7 th ST SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD OR SOUGHT: CHECK ONE OF THE FOLLOWING CATEGORIES: CITY: ZIP: COUNTY: COUNTY:	}					
BARLETTA E. WALTER MAILING ADDRESS: 1206 Sco 57 th ST CITY. CITY. CITY. CITY. CITY. CITY. CITY. COUNTY: COUN)					
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NOTICE: Under provisions of Sec. 112.317 Florida Statutes, a failure to make any required						
NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required dis- closure constitutes grounds for and may be punished by one or more of the following: disquali- fication from being on the ballot, impeachment, removal or suspension from office or employ- ment, 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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME ADDRESS PRINCIPAL BUSINESS ACTIVITY	;					
dina-te- 1000 a						
	<u> </u>					
LUMBER CO. CLUB BLVD. OUTSIDE SALESMA	7					
CAPE CORAL						
33990						
PART B — SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON [Major customers, clients, etc.]						
NAME OF SOURCE OF SOURCE'S DESCRIPTION OF THE SOURCE BUSINESS ENTITY'S INCOME ADDRESS PRINCIPAL BUSINESS ACTIVIT						
NONE						
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PART C - REAL PROPERTY [Land, buildings]						
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PART D — INTANGIBLE PERSON	AL PROPERTY [Sto	cks, bonds, certific	ates of deposit, etc.]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
IRA'S		NATIONSBANK, DEAN WITTER,				
	<u> </u>	SUITH		HANCOCIL		
401 K		TINRU CAPE/ET MYORS LIUBR.CO.				
PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]						
NAME OF CREDITOR		ADDRESS OF CREDITOR				
SOUTISTRUSTLUORTGAGE		Prizox 11407				
		BIRMINGHAM, AL. 35246				
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	NONE	-				
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 PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE: SIGNED: G.O.7.98						

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 state 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) 3