FORM 1 STATEM	ENT OF FI	NANCIAL	INTERESTS 1999					
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:		NAME OF YOUR AGENCY:						
CHECK EITHER OR SPECIFY TAX YEAR IF OTHER DECEMBER 31, 1999 THAN THE CALENDAR YEAR:		CAPTINA FIRE CONTROL DISTRICT						
LAST NAME - FIRST NAME - MIDDLE NAME:		CHECK ONE OF THE FOLLOWING CATEGORIES:						
BATES JOHN FAREEUL MAILING ADDRESS:		🖌 🖉 LOCAL OFFICER 🗆 STATE OFFICER 🗖 CANDIDATE						
P.O. Box 622		SPECIFIED STATE EMPLOYEE						
11540 CHAPIN 24		LIST OFFICE OR POSITION HELD OR SOUGHT: FIRE CHIEF						
CITY: ZIP: COUNTY: COUNTY: COUNTY: LEE								
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 [Sou	rces exceeding 5% of gro	oss income]						
NAME OF SOURCE OF INCOME			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
CAPTINA FILE CONTROL DET.	P.0.477 CAM	MUA, FL 33984	FIRE XTEQUE					
PMZ.	P.0.66	11 11	REAL EST. ATE SALES					
PART B — SOURCES OF INCOME TO BUSINESS			ajor customers, clients, etc.] DESCRIPTION OF THE SOURCE'S					
BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS		PRINCIPAL BUSINESS ACTIVITY					
PART C REAL PROPERTY [Land, buildings]			FILING INSTRUCTIONS for when					
115 AA CHADENIZANE M	and where to file this form are located at the bot- tom of page 2.							
11510 CHAPIN ZANE, CH (HOME + APT)	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.							
	1.11 	(Continued on p.2)						
CE FORM 1 - EFF. 1/2000	1000 1000 1000 1000 1000 1000	15	PAGE 1					

PART D - INTANGIBLE PERSON	AL PROPERTY (Stoc	ks. bonds. cer	tificates of deposit. etc.]					
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
CERT. OF DEPO	\$75	SUPERIOR BANK						
		FIRST UNION						
			0/10/4	<u> </u>				
PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]								
NAME OF CREDITOR		ADDRESS OF CREDITOR						
NONE				·····	······································			
		,						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
	BUSINESS ENTITY # 1		BUSINESS EN	ITITY # 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 PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE: DATE SIGNED: 5-25-00								

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 gualifying papers.

(Continued on p.3)