| FORM 1 STATEM | ENT OF FI | | INTERESTS | 1998 | | | | |
|---|---|--|--|------------------|--|--|--|--|
| THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAXY YEAR ENDING: | | NAME OF YOUR AGENCY: STATE OF FLORIDA/LEE | | | | | | |
| CHECK EITHER OR SPECIFY TAX YEAR IF OTHER DECEMBER 31, 1998 X THAN THE CALENDAR YEAR: | | ' County | | | | | | |
| LAST NAME - FIRST NAME - MIDDLE NAME: BRIDEY - BRIAN - MICHAEL MAILING ADDRESS: | | CHECK ONE OF THE FOLLOWING CATEGORIES: | | | | | | |
| 1584 CUMBERIAND GT. | | SPECIFIED STATE EMPLOYEE | | | | | | |
| CITY: COUNTY: | | LIST OFFICE OR POSITION HELD OR SOUGHT: LEE CO., HOUSING AUTHOR ITY | | | | | | |
| 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 | irces exceeding 5% of gro | oss income] | | | | | | |
| NAME OF SOURCE OF INCOME | ADI | JRCE'S DRESS | DESCRIPTION OF T PRINCIPAL BUSIN | | | | | |
| BARANY SCHMITT SUMMED WEAVERS | 1523120421 FRIMS | 32919 | ARCHITECTURE | | | | | |
| PEPLINE CONSOLIDATED TRUST (NATIONS BANK) | 13099 U.S. HU FORT MUGRS, | 4,41 SE FL 33907 | TRUST FUND | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | ior sustamore gliente etc. | | | | | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | ES OWNED BY THE REPORTING PERSON [Ma SOURCE'S ADDRESS | | DESCRIPTION OF PRINCIPAL BUSIN | | | | | |
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| | | | | | | | | |
| PART C — REAL PROPERTY [Land, buildings] | | | FILING INSTRUCT and where to file this form are tom of page 2. | | | | | |
| | | | INSTRUCTIONS on form and how to fill it out begin packet. | | | | | |
| | 60, MY 38 2 7 | 2 Nor | OTHER FORMS you are described on page 6. | may need to file | | | | |
| | | | (Con | tinued on p.2) 🕼 | | | | |
| CE FORM 1 - REV. 1/99 | 5<u>9</u>5 - 1306 0 E - 11349 - 1480 | H IS | <u>'</u> | PAGE 1 | | | | |

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| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] | | | | | | | | |
|--|---------------------|--|---------------------|---------------------|--|--|--|--|
| TYPE OF INTANGIBLE | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | | |
| PERKING CONSOLIDATED T (NATIONS BONK) | ROST FUND | VG INTEREST IN TRUST FUND OF STOCKS & BOKDS (NATIONS BANK & ANN BRACKET TRUSTERS) NATIONS BANK, 13079 U.S. HWY 41 SE, FORT MUERS, FL 33907 | | | | | | |
| | | NATIONS BANK, 13099 U.S. HWY 41 SE, FORT MUBRS, FL 33907 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts] | | | | | | | | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| 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 PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | | | | | |

SIGNATURE DATE SIGNED: 6/14/34

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)