| HIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE RECEDING TAX YEAR ENDING: CHECK EITHER OR SPECTLY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: ST NAME - FIRST NAME MIDDLE NAME: HAR DAVID LOWNG SILLING ADDRESS: H4400 Cemetery Road FF-Myurs 33905 Lee TY: COUNTY: OTICE: Under provisions of Sec. 112.317. Flo | | NAME OF YOUR AGENCY: Southwat Florida Roziend Planmy Gu CHECK ONE OF THE FOLLOWING CATEGORIES: V LOCAL OFFICER I STATE OFFICER I CANDIDATE I SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD OR SOUGHT: | | |
|--|--|--|---|--|
| sure constituites grounds for ation from being on the ballo nt, demotion, reduction in sal | and may be pu t, impeachmei ary, reprimand | unished by one o nt, removal or su l, or a civil penalt | failure to make any required di or more of the following: disqua uspension from office or emplo y not exceeding \$10,000. | |
| T A PRIMARY SOURCES OF INCOME [So | | | | |
| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | | DESCRIPTION OF THE SOURCE'S | |
| 11 | A | | PRINCIPAL BUSINESS ACTIVITY | |
| Now | | to | | |
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| | 1 | | | |
| | | | | |
| | | | | |
| | | | | |
| RT B SOURCES OF INCOME TO BUSINES | SES OWNED BY THE I | REPORTING PERSON [M | ajor customers, clients, etc.] | |
| NAME OF SOURCE OF | s | OURCE'S | DESCRIPTION OF THE SOURCE'S | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | s | | | |
| NAME OF SOURCE OF | s | OURCE'S | DESCRIPTION OF THE SOURCE'S | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | s | OURCE'S | DESCRIPTION OF THE SOURCE'S | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | s | OURCE'S | DESCRIPTION OF THE SOURCE'S | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | s | OURCE'S | DESCRIPTION OF THE SOURCE'S | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | s | OURCE'S | DESCRIPTION OF THE SOURCE'S | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N: | s | OURCE'S | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N: | s | OURCE'S | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | s | OURCE'S | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY FILING INSTRUCTIONS for when and where to file this form are located at the box | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N: | | OURCE'S | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY FILING INSTRUCTIONS for when and where to file this form are located at the bo tom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of the | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N: | | SOURCE'S | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY FILING INSTRUCTIONS for when and where to file this form are located at the bo tom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of thi packet. OTHER FORMS you may need to file | |

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| PART D INTANGIBLE PERSON | IAL PROPERTY [Stocks, bonds, cer | tificates of deposit, etc.] | | | | |
|--|----------------------------------|---|---------------------|--|--|--|
| TYPE OF INTANGIBLE | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| None | | | 1 | | | |
| | | | | | | |
| | | | | | | |
| PART E — LIABILITIES IN EXCE | SS OF NET WORTH [Major debts] | | | | | |
| NAME OF CREDIT | OR | ADDRESS OF CREDITOR | | | | |
| Non | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PART F — INTERESTS IN SPECIF | IED BUSINESSES [Ownership or p | ositions in certain types of businesses] | | | | |
| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 | | | |
| NAME OF BUSINESS ENTITY | | | | | | |
| ADDRESS OF BUSINESS ENTITY | | | | | | |
| PRINCIPAL BUSINESS | | | | | | |
| 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 | | | | | | |
| | | | | | | |
| SIGINATURE. C | K | DATE SIGNED. 7/12/0 | 0 | | | |
| EILING INSTRUCTIONS FOR FORM 1 | | | | | | |

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)