HIS STATEMENT REFLECTS MY FINANCIAL RECEDING TAX YEAR ENDING:	INTERESTS FOR THE NAME OF YOUR AG	NAME OF YOUR AGENCY:		
CHECK EITHER OR SPEC FY TAX Y ECEMBER 31, 1998 THAN THE CALEN	VEAR IF OTHER DAR YEAR: Fire Hint Con	Bonity Springs Fire-Reacy & District Firefiphrens Retirement Fund		
ST NAME - FIRST NAME - MIDDLE NAME:		CHECK ONE OF THE FOLLOWING CATEGORIES:		
GARAER / Germon L	Cocal Office	LOCAL OFFICER 🗅 STATE OFFICER 🗅 CANDIDATE		
4090 MARSTNIEW CI	SPECIFIED STA	SPECIFIED STATE EMPLOYEE		
Bonita Springs sylly	LIST OFFICE OR PC	LIST OFFICE OR POSITION HELD OR SOUGHT:		
Y: ZIP:	COUNTY:			
Cation from being on the ba pent, demotion, reduction in s IRT A — PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME		a failure to make any required d or more of the following: disqua suspension from office or emplo alty not exceeding \$10,000. DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Colonial Bank	One Commerce ST: Montpung	ALA. Banking		
	, ,			
ART B SOURCES OF INCOME TO BUSIN	IESSES OWNED BY THE REPORTING PERSON	[Major customers, clients, etc.]		
ART B — SOURCES OF INCOME TO BUSIN NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	IESSES OWNED BY THE REPORTING PERSON SOURCE'S ADDRESS			
NAME OF SOURCE OF	SOURCE'S	DESCRIPTION OF THE SOURCE'S		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S	DESCRIPTION OF THE SOURCE'S		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S	DESCRIPTION OF THE SOURCE'S		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME Nonc	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME Nonc	SOURCE'S ADDRESS	FILING INSTRUCTIONS for whe and where to file this form are located at the b tom of page 2. INSTRUCTIONS on who must file thi		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME Nonc ART C - REAL PROPERTY [Land, buildings	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S   PRINCIPAL BUSINESS ACTIVITY   FILING INSTRUCTIONS for whe   and where to file this form are located at the b   tom of page 2.   INSTRUCTIONS on who must file this   form and how to fill it out begin on page 3 of th   packet.		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME Nonc ART C REAL PROPERTY [Land, buildings	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S   PRINCIPAL BUSINESS ACTIVITY   FILING INSTRUCTIONS for when   and where to file this form are located at the b   tom of page 2.   INSTRUCTIONS on who must file this   form and how to fill it out begin on page 3 of th		

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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					
Stock	CNB	Commercial Banting					
			,Silling				
······································			······································				
PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]							
NAME OF CREDITOR		ADDRESS OF CREDITOR					
Noge							
			······				
<b></b>							
		· · · · · · · · · · · ·					
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	NONT	· · · · · · · · · · · · · · · · · · ·	······································				
BUSINESS ENTITY ADDRESS OF		·					
BUSINESS ENTITY	Wony	······					
PRINCIPAL BUSINESS ACTIVITY	- upne						
POSITION HELD WITH ENTITY	NONT	,		Į — — — — — — — — — — — — — — — — — — —			
I OWN MORE THAN A 5%				· · · · · · · · · · · · · · · · · · ·			
INTEREST IN THE BUSINESS NATURE OF MY	Now	,					
OWNERSHIP INTEREST	NONA						
IF ANY PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE:	Thu	DATE SIGNED: 7-1-99					

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)

Philipon A. Voung Supervise of Electrons ? O. BOX 2545 For Myers FL For Myers FL Jul PM 666/ Gauner 4080 Machview Ch isonita Sprins, Fl 34134