FORM 1 STATEM	ENT OF FI	NANCIAL	INTERESTS 1999				
THIS STATEMENT REFLECTS MY FINANCIAL INTERPRECEDING TAX YEAR ENDING: CHECK EITHER DECEMBER 31, 1999 THAN THE CALENDAR	ERESTS FOR THE IF OTHER YEAR:	NAME OF YOUR AGENCY: CAPTIVA ISLAND FIRE CONTROL DISTRICT					
LAST NAME - FIRST NAME - MIDDLE NAME:		CHECK ONE OF THE FOLLOWING CATEGORIES:					
MAILING ADDRESS: '	IAM	□ LOCAL OFFICER □ STATE OFFICER □ CANDIDATE					
P.O.B. 963		□ SPECIFIED STATE	EMPLOYEE				
CITY: CAPTIVA ZIP: 33924	COUNTY:	LIST OFFICE OR POSITION HELD OR SOUGHT: COMM ISSI UNER					
NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.							
PART A — PRIMARY SOURCES OF INCOME [Sou	irces exceeding 5% of gr	oss income]					
NAME OF SOURCE OF INCOME	ADI	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
HRK GROUP	1200 LANDMAN 345 ST. PETI ST. PAUL MA	ERS ST.	FINANCIAL MANAGEMENT				
	01. 1105	0. 33102					
PART B — SOURCES OF INCOME TO BUSINESS	ES OWNED BY THE RE	PORTING PERSON [Ma	ajor customers, clients, etc.]				
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	1	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
N/A							
PART C — REAL PROPERTY [Land, buildings]			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.				
N/A			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.				
/ / /	PP. 11 21: C	no Mar	OTHER FORMS you may need to file are described on page 6.				
			(Continued on p.2)				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]							
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
FRANKLIN FLURIDA TAX FREE	E INCOME BONDS ares	I - FRA	JKLIN TEMPLETOI	U - FINANCIAL NETWORK			
			CORP SAN	DIEGO			
401 K & PENSION		VANGUARD GROUP - VALLEY FORGE, PA. 1948Z					
PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]							
NAME OF CREDITOR		ADDRESS OF CREDITOR					
1//							
\/ <i>\</i>							
/ · v							
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENTITY # 1	BUSII	NESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	,						
ADDRESS OF BUSINESS ENTITY	11/						
PRINCIPAL BUSINESS ACTIVITY	1.A						
POSITION HELD WITH ENTITY	1/1						
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:	Legre	DATE SIGNED: June 27, 2000					
	24 0/11						

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) F