| FORM 1 STATEM | ENT OF FI | NANCIAL | INTERESTS 1998 | | |
|---|---|---|---|--|--|
| THIS STATEMENT REFLECTS MY FINANCIAL INTE PRECEDING TAX YEAR ENDING: | ERESTS FOR THE | NAME OF YOUR AGENCY: | | | |
| CHECK EITHER OR SPECIFY TAX YEAR DECEMBER 31, 1998 | | CITY OF CAPE CORAL | | | |
| LAST NAME - FIRST NAME - MIDDLE NAME | | CHECK ONE OF THE FOLLOWING CATEGORIES: | | | |
| MAILING ADDRESS: | | LOCAL OFFICER STATE OFFICER CANDIDATE | | | |
| 2007 SE 10 AUE | | SPECIFIED STATE EMPLOYEE | | | |
| CAPE CORAL 33990 CITY: ZIP: | COUNTY: | LIST OFFICE OR POSITION HELD OR SOUGHT COUNCIL MEMber | | | |
| NOTICE: Under provisions of Se closure constitutes grounds for a fication from being on the ballot ment, demotion, reduction in sala | c. 112.317, Flor and may be pur , impeachment ary, reprimand, | ida Statutes, a f nished by one of , removal or sus or a civil penalty | failure to make any required dis- r more of the following: disquali- spension from office or employ- r not exceeding \$10,000. | | |
| PART A PRIMARY SOURCES OF INCOME [Sou | rces exceeding 5% of gr | oss income] | | | |
| NAME OF SOURCE OF INCOME | | JRCE'S DRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
| BALPH LEPERA (SPOUSE) | 2007 SE 10 AVE CC | | Medical Sales Mgr | | |
| CIMOF CAPE CURAL | RIS Nichol | las PKing CC | GONERDMENT | | |
| | | | | | |
| PART B SOURCES OF INCOME TO BUSINESS NAME OF SOURCE OF | r | | Jor customers, clients, etc. J DESCRIPTION OF THE SOURCE'S | | |
| BUSINESS ENTITY'S INCOME | AD | DRESS | | | |
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| | | | $\mathbf{\omega} = \frac{\partial \mathbf{r}}{\partial \mathbf{z}}$ | | |
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| PART C-REAL PROPERTY [Land, buildings] I building lat (UACant) NE Cape CORAL | | | FILING INSTRUCTIONS for when and where to file this form are located at the bot- tom of page 2. | | |
| I Duilding Lat (UACient | 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. | | |
| | | | (Continued on p.2) 🦃 | | |

| PART D — INTANGIBLE PERSON | | cks, bonds, certif | | | | |
|--|----------------------------|---|--------------|-----------|------------------------------------|--|
| TYPE OF INTANGIBLE | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| | | | | | | |
| | and a second second second | | · · · · · | | | |
| | | | | | | |
| PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts] | | | | | | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | |
| | | | 7 | | | |
| | | | | | | |
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| | | | | <u> </u> | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] | | | | | | |
| · · · · · · · · · · · · · · · · · · · | BUSINESS ENT | TTY # 1 | BUSINESS EN | NTITY # 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: | , va | | DATE SIGNED: | 10/1/99 | | |
| | | INOTOLI | | | اندراد واندراد وانواني البرادي الي | |

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)