FORM 1 STATEME	ENT OF F	INANCIAL	INTERESTS 1999	
THIS STATEMENT REFLECTS MY FINANCIAL INTE PRECEDING TAX YEAR ENDING:	ERESTS FOR THE	NAME OF YOUR AGEN	ICY:	
CHECK EITHER DECEMBER 31, 1999 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:		East County Water Control Distri		
LAST NAME - FIRST NAME - MIDDLE NAME: //NDSAY DAVID MAILING ADDRESS: 558 Chamonix Ave. S		CHECK ONE OF THE F	OLLOWING CATEGORIES: I STATE OFFICER □ CANDIDATE EMPLOYEE D 15++12-4	
Lehigh Acres 33936 CITY: J ZIP:	COUNTY:	LIST OFFICE OR POSIT	TION HELD OR SOUGHT: Manager	
			failure to make any required dis- r more of the following: disquali- spension from office or employ- y not exceeding \$10,000.	
PART A — PRIMARY SOURCES OF INCOME [Sound in the control of the co	sc	pross income) DURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
NA				
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PART B — SOURCES OF INCOME TO BUSINESS	ES OWNED BY THE R	EPORTING PERSON [M	ajor customers, clients, etc.]	
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	(OURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
N/A				
PART C — REAL PROPERTY [Land, buildings]			FILING INSTRUCTIONS for when	
N/A			and where to file this form are located at the bottom of page 2.	
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.	
	77311 2711	if	OTHER FORMS you may need to file are described on page 6.	
			(Continued on p.2)	

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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				
N/A						
PART E — LIABILITIES IN EXCE	SS OF NET WORTH [Major de	ebts]				
NAME OF CREDITOR		ADDRESS OF CREDITOR				
Suncoust Schools Municipal		P.O. Box 11904, Tampa, FC 33680				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
PART F — INTERESTS IN SPECIFI	IED BUSINESSES [Ownership	p or positions in certain types of businesses]				
PART F — INTERESTS IN SPECIFI	BUSINESS ENTITY # 1	p or positions in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
PART F — INTERESTS IN SPECIFICATION OF BUSINESS ENTITY			BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY ADDRESS OF	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2				
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	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2				
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	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2				

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.

FILING INSTRUCTIONS FOR FORM 1

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