| FORM 1 STATEM | ENT OF FINA | ANCIAL | INTERESTS | 1998 |
|--|--|---|--|---|
| THIS STATEMENT REFLECTS MY FINANCIAL INTERPRECEDING TAX YEAR EPOING: CHECK EITHER OR SPECIFY TAX YEAR DECEMBER 31, 1998 THAN THE CALENDAR LAST NAME - FIRST NAME - MIDDLE NAME: MARTIN WILLIAM GM MAILING ADDRESS: | IF OTHER YEAR: CH | IEIE COU. ECK ONE OF THE F | NCY: AL HEALTH OLLOWING CATEGORIES: STATE OFFICER CANDI | DA |
| No FT: MKIERS, FLA 33 CITY: ZIP: | 917 LEE LIS | SPECIFIED STATE TOFFICE OR POSIT | TION HELD OR SOUGHT: \mathcal{B} λ . | OF DIRECKAS |
| NOTICE: Under provisions of Sectors of Secto | c. 112.317, Florida and may be punish i, impeachment, re ary, reprimand, or a | Statutes, a ned by one o moval or su n civil penalt | failure to make any or more of the follow Ispension from offic y not exceeding \$10 | required dis- ving: disquali- ce or employ- 1,000. |
| PART A — PRIMARY SOURCES OF INCOME [Sou NAME OF SOURCE OF INCOME | rces exceeding 5% of gross in SOURCE ADDRES | E'S | DESCRIPTION OF PRINCIPAL BUSI | |
| S/5 LEF MEMORIAL HEALTH | WASHINGTON SVSTEM-FT. M | | RETIBLE MEMBER-BO. OF | |
| INCOMIZ FUND OF AMERICA | CALI'FORNI | 7 | | |
| PART B — SOURCES OF INCOME TO BUSINESS | ES OWNED BY THE REPOR | TING PERSON [M | ajor customers, clients, etc.] | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | SOURC ADDRE | | PRINCIPAL BUS | THE SOURCE'S INSESS ACTIVITY |
| PART C-REAL PROPERTY [Land, buildings] TWO LOTS FORM INTO ONE LARGE LOT LIEHIGH ACRIES, FLORIDA, 33936 | | FILING INSTRUC and where to file this form a tom of page 2. INSTRUCTIONS of form and how to fill it out be packet. | re located at the bot- | |
| 10-45-27-15-00 | OTHER FORMS you are described on page 6. | ou may need to file | | |

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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 EXCESS OF NET WORTH [Major debts] | | | | | | |
| NAME OF CREDIT | OR | ADDRESS OF CREDITOR | | | | |
| | | | | | | |
| \mathcal{N} . \mathcal{A} | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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 BUSINESS ENTITY | NONE | | | | | |
| ADDRESS OF BUSINESS ENTITY | | | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | N 100 | | | |
| POSITION HELD WITH ENTITY | | | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | = 0 o | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | 22 | | | |

IF ANY PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE: William M. Trastin

DATE SIGNED:

5-15-98

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) (Continued on p.3)