FORM 1 STAPEMI	ENT OF FI	NANCIAL	INTERESTS 1999		
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:  CHECK EITHER DECEMBER 31, 1999 THAN THE CALENDAR YEAR:		Name of your agency: North Fort Myers Fire + Rescue Courtol District			
LAST NAME-FIRST NAME-MIDDLE NAME:  Nottingham James Leroy  MAILING ADDRESS:  53 Uictoria Drive  North Fort Myers, Fl. 33917 Lee  CITY:  COUNTY:		CHECK ONE OF THE FOLLOWING CATEGORIES:  LOCAL OFFICER STATE OFFICER CANDIDATE  SPECIFIED STATE EMPLOYEE  LIST OFFICE OR POSITION HELD OR SOUGHT:			
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 [Source OF INCOME]	rces exceeding 5% of gross income]  SOURCE'S  ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Fort Myers FD. Pension Florida Professional Firefighter North Fort Myers FD Comm Real Estate	345 W. Med 5 Talle hassee PD Box 356	7 72010	31 yrs Firefighter District Vice President Fire Commissioner Agent (Salesman)		
PART B — SOURCES OF INCOME TO BUSINESSE	S OWNED BY THE REI	PORTING PERSON [Ma	ajor customers, clients, etc.]		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
PART C — REAL PROPERTY [Land, buildings]			FILING INSTRUCTIONS for when		
53 Victoria Drive 4 Acres Lavin Lane 8 Lots Walter St	NFM,FI 33	917			
	<del></del>		(Continued on p.2)		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]						
		ertificates of deposit, etc.]  BUSINESS ENTITY TO WHICH TH	F PROPERTY RELATES			
John Hangock SIBLE		Mutel runds 1 Stock				
Southtrust Ban	K Savin	Saving Account, Checking				
SUN BANK	5 to	Stock				
Nations Bank	Sto	Stock				
PART E — LIABILITIES IN EXCE	SS OF NET WORTH [Major debts	)				
NAME OF CREDITO	OR	ADDRESS OF CREDITOR				
NON	E					
PART F — INTERESTS IN SPECIF	IED BUSINESSES [Ownership or	r positions in certain types of businesses]				
PART F — INTERESTS IN SPECIFI	IED BUSINESSES [Ownership or BUSINESS ENTITY # 1	r positions in certain types of businesses]  BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF	<u> </u>		BUSINESS ENTITY # 3			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY ADDRESS OF	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	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	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				
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  TE SHEET, PLEASE CHECK HERE				

## 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.

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