## FORM 1STATEMENT OF FINANCIAL INTERESTS1998

THIS STATEMENT REFLECTS MY FINANCIAL INTERES PRECEDING TAX YEAR ENDING:		NAME OF YOUR AGENCY: South TRAIL FIRE Protection & Rescue Service District						
CHECK EITHER OR SPECIFY TAX YEAR IF O DECEMBER 31, 1998 THAN THE CALENDAR YEAR	THER LEE County Co	LEE County Construction Board of Appends And Adjustments CHECK ONE OF THE FOLLOWING CATEGORIES:						
LAST NAME - FIRST NAME - MIDDLE NAME:	CHECK ONE OF THE	FOLLOWING CATEGORIES:						
MAILING ADDRESS:	LOCAL OFFICER	LOCAL OFFICER  STATE OFFICER  CANDIDATE						
6802 Wolf Run Lane N.E.	SPECIFIED STAT	_ SPECIFIED STATE EMPLOYEE						
CITY: ZIP:	LIST OFFICE OR POS	SITION HELD OR SOUGHT:						
N. FT. MyERS FL	LEE							
NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required dis- closure constitutes grounds for and may be punished by one or more of the following: disquali- fication from being on the ballot, impeachment, removal or suspension from office or employ- ment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.								
PART A - PRIMARY SOURCES OF INCOME [Sources								
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY						
l l								
PART B — SOURCES OF INCOME TO BUSINESSES O	WNED BY THE REPORTING PERSON I	Major customers, clients, etc.1						
NAME OF SOURCE OF	SOURCE'S	DESCRIPTION OF THE SOURCE'S						
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NAME OF SOURCE OF	SOURCE'S	DESCRIPTION OF THE SOURCE'S						
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NAME OF SOURCE OF	SOURCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY						
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N/A	SOURCE'S	DESCRIPTION OF THE SOURCE'S						
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N/A	SOURCE'S	DESCRIPTION OF THE SOURCE'S         PRINCIPAL BUSINESS ACTIVITY         FILING INSTRUCTIONS for when         and where to file this form are located at the bot-						
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N/A	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY         FILING INSTRUCTIONS for when and where to file this form are located at the bot- tom of page 2.         INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this						
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N/A	SOURCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY         FILING INSTRUCTIONS for when and where to file this form are located at the bot- tom of page 2.         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						

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]								
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
CASh		Suncopsi	Schools	FEDERA	L Credit	Union		
457 Deferred Compe	nsation Plan	Nationwide Retirement Solutions						
PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]								
NAME OF CREDIT	ORNA			AD	DRESS OF CI	REDITOR		
+		 		·				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
	BUSINESS ENT	FITY # 1	BUS	NESS ENTIT	Y#2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	N	A						
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS								
POSITION HELD WITH ENTITY				<u></u>				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		<u></u>		· · · · · · · · · · · · · · · · · · ·				
NATURE OF MY OWNERSHIP INTEREST								
IF ANY PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE: Clipper	d H Paris	ion -	DATE SIC	ANED:	lune .	30, 1999		
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)