FORM 1 STATEMI	ENT OF FI	NANCIAL	INTERESTS 1998	
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YI AD ENDING: CHECK EITHER DECEMBER 31, 1998 // OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:		NAME OF YOUR AGENCY: Ft. Myers Beach Town Council		
	LAR	CHECK ONE OF THE	FOLLOWING CATEGORIES:	
LAST NAME - FIRST NAME - MIDDLE NAME: REYNOLDS GARK		LOCAL OFFICER STATE OFFICER CANDIDATE		
MAILING ADDRESS:				
P.O. Box 2763				
Ft. Myers Beach 33932	Lee	LIST OFFICE OR POSI	TION HELD OR SOUGHT: Town Council	
NOTICE: Under provisions of Sec closure constitutes grounds for a fication from being on the ballot, ment, demotion, reduction in salar	· · · · · · · · · · · · · · · · · · ·		failure to make any required dis- or more of the following: disquali- ispension from office or employ- y not exceeding \$10,000.	
PART A PRIMARY SOURCES OF INCOME [Source				
OF INCOME	•	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Retired			S S	
	$\sim$			
		<u> </u>		
		<u> </u>	N DON	
			G T	
PART B SOURCES OF INCOME TO BUSINESSE	S OWNED BY THE BE	ORTING PERSON [M	lajor customers, clients, etc.]	
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOL	IÂCE'S )RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
-hone		4.		
, in the				
		<u></u>		
		- <del>\</del>		
	<u> </u>			
PART C REAL PROPERTY [Land, buildings]			FILING INSTRUCTIONS for when and where to file this form are located at the bot- tom of page 2.	
- MONE -			<b>INSTRUCTIONS</b> on who must file this form and how to fill it out begin on page 3 of this packet.	
		<u> </u>	<b>OTHER FORMS</b> you may need to file are described on page 6.	
			(Continued on p.2)	

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## FILING INSTRUCT: ONS 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 aciency 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)

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FORM 1 STATEM	ENT OF F	INANCIAL	INTERESTS 1998	
THIS STATEMENT REFLECTS MY FINANCIAL INTI PRECEDING TAX YEAR ENDING: CHECK EITHER DECEMBER 31, 1998 V OR SPECIFY TAX YEAR THAN THE CALENDAR	IF OTHER	NAME OF YOUR AGENCY: Ft. Myers Beach Town Counsel		
LAST NAME - FIRST NAME - MIDDLE NAME:		CHECK ONE OF THE F	OLLOWING CATEGORIES:	
REYNOLDS GARR MAILING ADDRESS:		LOCAL OFFICER D STATE OFFICER D CANDIDATE		
P.O. Box 2763		D SPECIFIED STATE EMPLOYEE		
Ft. Myers Beach 33932	COUNTY:	LIST OFFICE OR POSITION HELD OR SOUGHT: Town Council		
			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 [Sou	rces exceeding 5% of	gross income]		
NAME OF SOURCE OF INCOME	•	OURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
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			A ACTURE	
		~	1 CCC L	
	<u> </u>		neite	
			L/2/99	
PART B — SOURCES OF INCOME TO BUSINESS NAME OF SOURCE OF			DESCRIPTION OF THE SOURCE'S	
BUSINESS ENTITY'S INCOME		ADDRESS	PRINCIPAL BUSINESS ACTIVITY	
-hone -	\	A.		
		}		
		<u></u>		
		L		
PART C — REAL PROPERTY [Land, buildings]			FILING INSTRUCTIONS for when	
-hohe -	and where to file this form are located at the bot- tom of page 2.			
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			(Continued on p.2) F	
CE FORM 1 - REV. 1/99			PAGE 1	

PART D — INTANGIBLE PERSON	AL PROPERTY [Stocks, bonds	s, certificates of deposit. etc.]				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
and the second sec						
PART E — LIABILITIES IN EXCES	SS OF NET WORTH [Major deb	bts]				
	DR	ADDRESS OF CREDITOR				
<u> </u>	<u> </u>					
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						
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: Harr	Reynolds	DATE SIGNED: June 1, 1999				
	FILING INSTRUCTIONS FOR FORM 1					

> FOR FOR FORM 1

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(Continued on p.3)

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