| FORM 1 STATEM | ENT OF FI | NANCIAL | INTERESTS | 1998 | |
|--|---|--|--|--|--|
| THIS STATEMENT REFLECTS MY FINANCIAL INTERPRECEDING TAX YEAR ENDING: CHECK EITHER X OR SPECIFY TAX YEAR DECEMBER 31, 1998 X THAN THE CALENDAR LAST NAME - FIRST NAME - MIDDLE NAME: S'CHIFFER MICHAEL MAILING ADDRESS: 311 BAYSHURE DRIVE CITY: CAPE CORAL ZIP: 33904 | NAME OF YOUR AGENCY: LEE COUNTY HIGH TECH CENTER NORTH 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 Sections constitutes grounds for a fication from being on the ballot ment, demotion, reduction in sala | c. 112.317, Flor and may be pur t, impeachment ary, reprimand, | ida Statutes, a f nished by one on , removal or su or a civil penalty | failure to make any r more of the follow spension from offic r not exceeding \$10 | required dis- ring: disquali- ce or employ- ,000. | |
| PART A - PRIMARY SOURCES OF INCOME [Sou | irces exceeding 5% of an | oss incomel | | | |
| NAME OF SOURCE SOUR | | JRCE'S DRESS | RCE'S DESCRIPTION OF THE SOURCE'S | | |
| The School District of | 2055 Central Ave. | | Educatio | <u>γεν σ</u> | |
| Lee County | Ft. Myers. | FL 33901 | | m 7 70 | |
| | / | | | | |
| | | | | 40 TI | |
| PART B — SOURCES OF INCOME TO BUSINESS | ES OWNED BY THE RE | PORTING PERSON [Ma | | Vone | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | 1 | URCE'S DRESS | DESCRIPTION OF PRINCIPAL BUSI | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Bayshorz Dr., Cape Cora Lot 266 Royal Tee, Cape Co Sanibel Beach Club II 50/23 | ((house - proval (land (Interval 0 | rimary res.) (uner Condo) | FILING INSTRUCT and where to file this form a tom of page 2. INSTRUCTIONS of form and how to fill it out be packet. OTHER FORMS you are described on page 6. | are located at the bot- n who must file this gin on page 3 of this | |
| | | | (Co | ontinued 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 | | | | | | |
| I.R.A. Retiron | nt Acct. | Prud | antial v | Securities | | | | |
| T.S. A. " | " | Met | Life | | | | | |
| | | | | | | | | |
| PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts] | | | | | | | | |
| NAME OF CREDITO | J | ADDRESS OF CREDITOR | | | | | | |
| Cape Coral National Bank Cape Coral Pkwy., Cape Coral, FL 33904 (mortgage on house) | | | | | | | | |
| | | | | | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] | | | | | | | | |
| | BUSINESS ENT | TITY # 1 | BUSINESS I | 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: Michael | las | Chiffen | DATE SIGNED: | 2-1- | 99 | | | |

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) F