FORM 1 STATEM	ENT OF FI	NANCIAL	INTERESTS 1999	
THIS STATEMENT REFLECTS MY ENANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING		NAME OF YOUR AGENCY:		
CHECK EITHER OR SPECIFY TAX YEAR DECEMBER 31, 1999	IF OTHER YEAR:	LEE COUN	TY HIGH TECH CENTER NORTH	
LAST NAME - FIRST NAME - MIDDLE NAME:	Λ	CHECK ONE OF THE FO	DLLOWING CATEGORIES:	
SCHIFFER, MICHAEL MAILING ADDRESS:	_ <i>H</i>	LOCAL OFFICER	STATE OFFICER CANDIDATE	
311 BAYSHORE DRIVE		☐ SPECIFIED STATE.	EMPLOYEE	
		LIST OFFICE OR POSIT	ION HELD OR SOUGHT:	
CAPE CORAL ZIP: 33904	COUNTY: LEE			
NOTICE: Under provisions of Sections constitutes grounds for a fication from being on the ballot ment, demotion, reduction in sala			failure to make any required distraction of the following: disqualispension from office or employnot exceeding \$10,000.	
PART A — PRIMARY SOURCES OF INCOME [Sou	rces exceeding 5% of gro	oss income]		
NAME OF SOURCE OF INCOME		RCE'S PRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
The School District of	2055 Cer	itral Ave.	Education	
Lee County	Ft. Myers	FL 33901		
PART B — SOURCES OF INCOME TO BUSINESSI	ES OWNED BY THE RE	PORTING PERSON [Ma	jor customers, clients, etc.] None	
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOL	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
PART C — REAL PROPERTY [Land, buildings]			FILING INSTRUCTIONS for when and where to file this form are located at the bot-	
3/1 Bayshore Dr., Cape	tom of page 2.			
311 Bayshore Dr., Cape Lot 266 Royal Tee, Cape	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.			
Sanibel Beach Club IL 50/23	(Interval, Du	mer-Cooplo)	OTHER FORMS you may need to file are described on page 6.	
	<u> </u>		(Continued on p.2)	

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PART D — INTANGIBLE PERSON		ocks, bonds, certif		THE PROPERTY DELATED		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
I.R.A. Retirement Acct.		Prudential Securities				
T. S. A. Retirement Acct.		Met Life Insurance				
Joint Savings Acct.		Prudential Securities				
PART E — LIABILITIES IN EXCE	SS OF NET WORTH	[Major debts]				
NAME OF CREDITOR		ADDRESS OF CREDITOR				
Cape Coral Nationa (mortgage on	(Bank house)	859 Cape Coral Phwy. Cape Coral, FL 33904				
,						
PART F — INTERESTS IN SPECIF	IED BUSINESSES	Ownership or po	sitions in certain types of businesses]	None		
PART F — INTERESTS IN SPECIF	BUSINESS EN		sitions in certain types of businesses] BUSINESS ENTITY # 2	None BUSINESS ENTITY # 3		
PART F — INTERESTS IN SPECIF NAME OF BUSINESS ENTITY	· · · · · · · · · · · · · · · · · · ·					
NAME OF BUSINESS ENTITY ADDRESS OF	· · · · · · · · · · · · · · · · · · ·					
NAME OF BUSINESS ENTITY	· · · · · · · · · · · · · · · · · · ·			. , ,		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS	· · · · · · · · · · · · · · · · · · ·			. , ,		
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	· · · · · · · · · · · · · · · · · · ·			. , ,		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	· · · · · · · · · · · · · · · · · · ·					
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 EN	TITY # 1				

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