FORM I STATEMI	ENT OF F	INANCIA	AL I	NTERESTS 1998
THIS STATEMENT REFLECTS MY FINANCIAL INTERPRECEDING TAX YEAR ENDING:	RESTS FOR THE	NAME OF YOUR	R AGENC	Υ:
CHECK EITHER OR SPECIFY TAX YEAR I	FOTHER ÆAR:			·
LAST NAME - FIRST NAME - MIDDLE NAME:	CHECK ONE OF THE FOLLOWING CATEGORIES:			
Smith Michael W. Mailing Address:	LOCAL OFFICER O STATE OFFICER O CANDIDATE			
5807 Riveride Lu.	☐ SPECIFIED STATE EMPLOYEE			
Ft. Wyers FL. 33919 CITY: ZIP:	LIST OFFICE OR POSITION HELD OR SOUGHT:			
NOTICE: Under provisions of Sec closure constitutes grounds for a fication from being on the ballot, ment, demotion, reduction in sala	:. 112.317, Floi nd may be pu impeachmen ry, reprimand,	rida Statutes nished by oi t, removal o or a civil pe	s, a fa one or or susp enalty	ilure to make any required dis- more of the following: disquali- pension from office or employ- not exceeding \$10,000.
PART A PRIMARY SOURCES OF INCOME [Sour	ces exceeding 5% of g	ross income)		
NAME OF SOURCE OF INCOME		URCE'S DRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
here Memorial Health System	. 2776 Clevel	land Ave. Ft.	Myon	Healthcure
PART B — SOURCES OF INCOME TO BUSINESSE	S OWNED BY THE R	EPORTING PERSO	ON [Majo	or customers, clients, etc.]
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME		DURCE'S DDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
·				
			}	•
PART C — REAL PROPERTY [Land, buildings]				FILING INSTRUCTIONS for when
Personal Residence				and where to file this form are located at the bottom of page 2.
101-11-1				<b>INSTRUCTIONS</b> on who must file this form and how to fill it out begin on page 3 of this packet.
	CC 188 CY 61	00.3300		OTHER FORMS you may need to file are described on page 6.
	<u>66. 18 67 (1)</u>	te not		(Continued on p.2)

DART D INTANCIRI E DEDCOI	NAL DRODERTY (Stock	ra handa aartifi	enter of deposit, etc.)			
PART D — INTANGIBLE PERSONAL PROPERTY [Stor		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Baptist Anousty Board -	401 Return	mut Plan				
	}					
PART E — LIABILITIES IN EXCE		Major debts]				
NAME OF CREDIT	OR	ADDRESS OF CREDITOR				
	•					
PART F — INTERESTS IN SPECIF	FIED BUSINESSES [O	wnership or pos	sitions in certain types of businesses]			
PART F — INTERESTS IN SPECIF	BUSINESS ENTI		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
PART F — INTERESTS IN SPECIF  NAME OF BUSINESS ENTITY				BUSINESS ENTITY # 3		
NAME OF				BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS				BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY				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				BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%				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	BUSINESS ENTI	TY # 1		BUSINESS ENTITY # 3		

## 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