FORM 1 STATEM	ENT OF FI	NANCIAL :	INTERESTS 1999
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING: CHECK EITHER OR SPECIFY TAX YEAR IF OTHER DECEMBER 31, 1999 THAN THE CALENDAR YEAR:		NAME OF YOUR AGENCY: Mattacha Pine Island Fire Connol District	
LAST NAME-FIRST NAME-MIDDLE NAME: Stearns Elsie MAILING ADDRESS: 8787 Kodiak Ct.		CHECK ONE OF THE FOLLOWING CATEGORIES: LOCAL OFFICER STATE OFFICER CANDIDATE SPECIFIED STATE EMPLOYEE	
St. James City Fl. 33956 CITY: COUNTY: Lee		List office or position HELD OR SOUGH LYMMISSISTER Matlacha Pine Island Fire Control Dist.	
NOTICE: Under provisions of Se closure constitutes grounds for a fication from being on the ballot ment, demotion, reduction in sala	c. 112.317, Flori and may be pun t, impeachment, ary, reprimand, c	da Statutes, a f ished by one or removal or sus or a civil penalty	failure to make any required dis- r more of the following: disquali- spension from office or employ- r not exceeding \$10,000.
PART A - PRIMARY SOURCES OF INCOME [Sou	urces exceeding 5% of gro	oss income]	
NAME OF SOURCE OF INCOME		RCE'S PRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SouthTrust BANK NA	1530 HeH ma	n St.	Market Monager
Pine Island office	FIMYERS	FL 33901	
	(Main office	e)	
PART B — SOURCES OF INCOME TO BUSINESS	SES OWNED BY THE DE	PORTING PERSON (Ma	iar austamars, clients, etc.)
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	sou	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
RSSteazns Carpentry	8787 Kodial	C+	Selfemployed carpenter
	8787 Kodial STJames C	ix 14 339 %	
		9	
PART C — REAL PROPERTY [Land, buildings]			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
Lot - Kodiak Ct			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.
	IRI, I	n ging	OTHER FORMS you may need to file are described on page 6.
			(Continued on p.2) 🍧

TYPE OF INTANGIBLE	E	cks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
NA				
PART E — LIABILITIES IN EXCE	ESS OF NET WORTH [Major debts]			
NAME OF CREDIT	OR	ADDRESS OF CREDITOR		
South Trust BAN	1722	1530 Herman St FAMYERS FR 33981		
BANC Of Anel	- 1 <i>(</i>) /	POBOX 31176 Tampa FC 33631		
TOTAL OF PRINCE				
	j			
PART F — INTERESTS IN SPECIF		ositions in certain types of businesses]		
PART F — INTERESTS IN SPECIF	FIED BUSINESSES [Ownership or po	positions in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
IAME OF			BUSINESS ENTITY # 3	
PART F — INTERESTS IN SPECIF NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY			BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS			BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD			BUSINESS ENTITY # 3	
IAME OF BUSINESS ENTITY DDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS CTIVITY			BUSINESS ENTITY # 3	
IAME OF USINESS ENTITY DDRESS OF USINESS ENTITY RINCIPAL BUSINESS CTIVITY OSITION HELD VITH ENTITY OWN MORE THAN A 5%			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.

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