FORM 1STATEMENT OF FINANCIAL INTERESTS1999

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:			NAME OF YOUR AGENCY:			
CHECK EITHER OR SPECIFY TAX YEAR IF OTHER DECEMBER 31, 1999 THAN THE CALENDAR YEAR:						
LAST NAME - FIRST	NAME - MIDDLE NAME:	011	CHECK ONE OF THE FOLLOWING CATEGORIES:			
STIEGLER CHARLES ROBERT			LOCAL OFFICER D STATE OFFICER CANDIDATE			
15 FAIRDIRW BLUD			SPECIFIED STATE EMPLOYEE			
Fort W	NYERS BEACH	À LEE	LIST OFFICE OR POSIT	LIST OFFICE OR POSITION HELD OR SOUGHT		
CITY:		731 COUNTY:	Ft MYFERS	BEACH FIRE BretRoh Dist.		
NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required dis- closure constitutes grounds for and may be punished by one or more of the following: disquali- fication from being on the ballot, impeachment, removal or suspension from office or employ- ment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.						
PART A — PRIMA	RY SOURCES OF INCOME	[Sources exceeding 5% of g	ross income]			
	E OF SOURCE F INCOME	AD	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
PENSION,	City of MERICA		MERIDEN H St ROOM 112 Of 06450 8082	HUNICIPALity		
Social	SECURITY	ALANITA,	GA	US GOVERAPUENT TARS. + Mitach Funds		
-1 .1				The second of the		
John HA	MCOCK I.R.A.	Reston	MA	Loes. F Mutuan Funds		
John HA	MCOCK I.RA.	BOSTOM	MA	Joes. F Mitcan Funds		
John HA	MCOCK I.R.A.	Boston		JPES. F Mutuan FUNds		
John /A	MCOCK I.R.A.	<u>Boston</u>		JPES. F Mutuan FUNds		
		ESSES OWNED BY THE BI				
PART B - SOURC	CES OF INCOME TO BUSIN		EPORTING PERSON [Ma	ajor customers, clients, etc.]		
PART B - SOURC		sc				
PART B - SOURC	CES OF INCOME TO BUSIN OF SOURCE OF	sc	EPORTING PERSON [Ma DURCE'S	ajor customers, clients, etc.]		
PART B - SOURC	CES OF INCOME TO BUSIN OF SOURCE OF	sc	EPORTING PERSON [Ma DURCE'S	ajor customers, clients, etc.] DESCRIPTION OF THE SOURCEST PRINCIPAL BUSINESS ACTIVITY		
PART B - SOURC	CES OF INCOME TO BUSIN OF SOURCE OF	sc	EPORTING PERSON [Ma DURCE'S	ajor customers, clients, etc.] DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY		
PART B - SOURC	CES OF INCOME TO BUSIN OF SOURCE OF	sc	EPORTING PERSON [Ma DURCE'S	ajor customers, clients, etc.] DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY 0 5 4 5 0 5		
PART B - SOURC	CES OF INCOME TO BUSIN OF SOURCE OF	sc	EPORTING PERSON [Ma DURCE'S	ajor customers, clients, etc.] DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY 0 5 4 5 0 5		
PART B — SOURC NAME BUSINESS	CES OF INCOME TO BUSIN OF SOURCE OF		EPORTING PERSON [Ma DURCE'S	ajor customers, clients, etc.] DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY N 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
PART B — SOURC NAME BUSINESS PART C — REAL F	CES OF INCOME TO BUSIN OF SOURCE OF S ENTITY'S INCOME		EPORTING PERSON (Ma DURCE'S DDRESS	ajor customers, clients, etc.] DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY 0 5 4 5 0 5		
PART B — SOURC NAME BUSINESS PART C — REAL F	CES OF INCOME TO BUSIN OF SOURCE OF S ENTITY'S INCOME		EPORTING PERSON (Ma DURCE'S DDRESS	Ajor customers, clients, etc.] DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY PRINCIPAL BUSI		
PART B — SOURC NAME BUSINESS PART C — REAL F	CES OF INCOME TO BUSIN OF SOURCE OF S ENTITY'S INCOME		EPORTING PERSON (Ma DURCE'S DDRESS	ajor customers, clients, etc.] DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY N S S T FILING INSTRUCTIONS for when and where to file this form are located at the bot- tom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this. packet.		
PART B — SOURC NAME BUSINESS PART C — REAL F	CES OF INCOME TO BUSIN OF SOURCE OF S ENTITY'S INCOME		EPORTING PERSON (Ma DURCE'S DDRESS	Ajor customers, clients, etc.] DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY PRINCIPAL BUSI		
PART B — SOURC NAME BUSINESS PART C — REAL F	CES OF INCOME TO BUSIN OF SOURCE OF S ENTITY'S INCOME		EPORTING PERSON (Ma DURCE'S DDRESS	Ajor customers, clients, etc.] DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY RINCIPAL BUSINESS ACTIVITY PRINCIPAL BUSIN		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]							
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
FIRST UNION BO	uk Orote Per	FRATE SICONE OF ARPOSIT (1000.00)					
MERIDEN WUNICIPAL CREdit OFFICIA (APPROX 1000.00)							
JOHN HANCOCK -IRA							
PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]							
NAME OF CREDITO	DR	ADDRESS OF CREDITOR					
Washington Mutual Bank (Hour MTG)							
WAShington Mutual BANK (Condo m(g) (1/2)							
FIRST UNION BAY	RHOUR K	HOWE EQUITY LOAN					
		7					
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	ļ						
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: Marla	R. Steepler	DATE SIGNED: DECEMBE	ER 17, 2000				

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)