| FORM 1 STATEM   | ENT OF FI                | NANCIAL                                     | INTE  | RESTS 1998   |  |
|---|--------------------------|---|---|--|--|
| TH'S STATEMENT REFLECTS MY FINANCIAL INT<br>PLECEDING TAX YEAR ENDING:  | ERESTS FOR THE           | NAME OF YOUR AGEN                           | ICY: ጥከ                                       | e Housing Authority  |  |
| CHECK EITHER OR SPECIFY TAX YEAR IF OTHER   |                          | of the City of Fort Myers                   |   |  |  |
| DECEMBER 31, 1998 X THAN THE CALENDAR YEAR:   |                          |   |   |  |  |
| LAST NAME - FIRST NAME - MIDDLE NAME:   |                          | CHECK ONE OF THE FOLLOWING CATEGORIES:      |   |  |  |
| Strayhorn, Edwin Bruce MAILING ADDRESS:   |                          | □ LOCAL OFFICER □ STATE OFFICER □ CANDIDATE |   |  |  |
| P. O. Box 1288  |                          | □ SPECIFIED STATE EMPLOYEE                  |   |  |  |
| Fort Myore EI 33001   |                          |   |   |  |  |
| Fort Myers, FL 33901 CITY: ZIP: COUNTY:   |                          | LIST OFFICE OR POSITION HELD OR SOUGHT:     |   |  |  |
| NOTICE: Under provisions of Sectosure constitutes grounds for fication from being on the ballo ment, demotion, reduction in salar |                          |   | failure to<br>r more o<br>spension<br>not exc | o make any required dis-<br>of the following: disquali-<br>n from office or employ-<br>ceeding \$10,000.   |  |
| NAME OF SOURCE  |                          | RCE'S                                       | E   | DESCRIPTION OF THE SOURCE'S  |  |
| OF INCOME   | ADD                      | RESS  | ı———  | PRINCIPAL BUSINESS ACTIVITY  |  |
| Strayhorn & Strayhorn<br>Attorneys  | 2125 First Street, Suite |   | 200   | Law Firm   |  |
|   | Fort Myers,              | FL 33901                                    | -   |  |  |
|   |                          |   |   |  |  |
|   |                          |   |   |  |  |
|   |                          |   |   |  |  |
|   | <del> </del>             |   |   |  |  |
|   |                          |   |   |  |  |
| PART B — SOURCES OF INCOME TO BUSINESS  | T                        | <del></del>                                 | ·   | <del></del>  |  |
| NAME OF SOURCE OF<br>BUSINESS ENTITY'S INCOME   | SOURCE'S<br>ADDRESS      |   | •   | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  |  |
|   |                          |   |   | = 5  |  |
|   |                          |   |   |  |  |
|   |                          |   |   | and the second s |  |
|   |                          |   |   | G C C  |  |
|   |                          |   |   |  |  |
|   |                          |   |   | ड न  |  |
| PART C — REAL PROPERTY [Land, buildings] Lee County:  |                          | P   | and where                                     | G INSTRUCTIONS for when e to file this form are located at the bot-  |  |
|   | Section Twnsh            | ip Range<br>25                              | tom of pag                                    | RUCTIONS on who must file this   |  |
| 3 44 25<br>3 46 25  | 17 45                    | 25<br>27                                    | form and I                                    | how to fill it out begin on page 3 of this   |  |
| 4 46 25<br>9 45 25  | 20 44<br>29 44           | 25<br>25                                    | packet.                                       | D FODMS  |  |
| 13 44 24  | 29 44<br>30 43           | 22  |   | R FORMS you may need to file bed on page 6.  |  |

Hendry County: Section 21, Township 45, Range 28
CE FORM 1 - REV. 1/99

(Continued on p.2)

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]               |  |   |  |                                       |  |  |  |
|--|--|---|--|---------------------------------------|--|--|--|
| TYPE OF INTANGIBLE   |  | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |  |                                       |  |  |  |
| n/a  |  | n/a   |  |                                       |  |  |  |
|  | ······································ |   |  |                                       |  |  |  |
|  |  | }   |  |                                       |  |  |  |
|  |  |   |  |                                       |  |  |  |
| PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]  |  |   |  |                                       |  |  |  |
| NAME OF CREDITOR   |  | ADDRESS OF CREDITOR                           |  |                                       |  |  |  |
|  |  |   |  |                                       |  |  |  |
| None   |  |   |  |                                       |  |  |  |
|  |  |   | ······································ | · · · · · · · · · · · · · · · · · · · |  |  |  |
|  |  |   |  |                                       |  |  |  |
|  |  |   |  |                                       |  |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] |  |   |  |                                       |  |  |  |
| n/a  | BUSINESS ENTITY # 1                    |   | BUSINESS ENTITY # 2                    | BUSINESS ENTITY # 3                   |  |  |  |
| NAME OF<br>BUSINESS ENTITY   |  |   |  |                                       |  |  |  |
| ADDRESS OF<br>BUSINESS ENTITY  |  |   |  |                                       |  |  |  |
| PRINCIPAL BUSINESS<br>ACTIVITY   |  |   |  |                                       |  |  |  |
| POSITION HELD<br>WITH ENTITY   |  |   |  |                                       |  |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS   |  |   |  |                                       |  |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST   | //                                     |   |  |                                       |  |  |  |
| IF ANY PARTS OF A THROUGH FARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE                    |  |   |  |                                       |  |  |  |
| SIGNATURE: DATE SIGNED:  |  |   |  |                                       |  |  |  |
| ζ./ `V\  | 11-11                                  |   | 7/14/99                                |                                       |  |  |  |

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