THIS STATEMENT REFLECTS MY FINANCIAL INT PRECEDING TAX YEAR ENDING:	ERESTS FOR THE	NAME OF YOUR AGE	NCY:	
CHECK EITHER OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:		CLASAC		
AST NAME - FIRST NAME - MIDDLE NAME:		CHECK ONE OF THE FOLLOWING CATEGORIES: CHECK ONE OF THE FOLLOWING CATEGORIES: CHECK ONE OF THE FOLLOWING CATEGORIES: CANDIDATE C		
TASMANE - PIRST NAME - MIDDLE NAME. TASMANU G. ARY MAILING ADDRESS:				
14650 SALAMORE at				
Cort My ERS FL 2590 CITY: ZIP:	<u>8 とビビ</u> COUNTY:			
	common allog, man Marth			
			failure to make any required dis or more of the following: disquali ispension from office or employ y not exceeding \$10,000.	
NAME OF SOURCE OF INCOME			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Frend D'A lisandres Inc.	480, Cellerge 1	Phany 5 1	Conversial Real Estation Bros	
Fred Lebonnitch M.D.	880, Ellege 1 Endury	- FM El	CRNA	
PART B — SOURCES OF INCOME TO BUSINESS	SES OWNED BY THE REF		l lajor customers, clients, etc.]	
PART B — SOURCES OF INCOME TO BUSINESS NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOU	Porting Person (M IRCE'S DRESS	lajor customers, clients, etc.] DESCRIPTION QE THE SOURCE'S PRINCIPAL BU	
NAME OF SOURCE OF	SOU	IRCE'S		
NAME OF SOURCE OF	SOU	IRCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BURNESS ACCONVITY	
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NAME OF SOURCE OF	SOU	IRCE'S		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOU	IRCE'S	DESCRIPTION QE THE SOURCE'S PRINCIPAL BURNESS ACONVITY	
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOU	IRCE'S		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOU	IRCE'S	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	
NAME OF SOURCE OF	SOU	IRCE'S	FILING INSTRUCTIONS for when and where to file this form are located at the bot- tom of page 2.	

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]							
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Stock Portfolio	Con	Oprof 30K					
			······································				
			<u></u>				
PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]							
NAME OF CREDITOR		ADDRESS OF CREDITOR					
GE Copitul montopoge							
N& Bank - mortgene							
Compan Malcade							
	- F - F						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENTITY # 1	1	BUSINESS ENTITY # 2	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							
IF ANY PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE	and the second		DATE SIGNED:	- 98			

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 headguarters.) 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)