FORM 1 STATEMENT OF FINANCIAL INTERESTS

THIS STATEMENT REFLECTS MY FINANCIAL INT PRECEDING TAX YEAR ENDING:	RERESTS FOR THE NAME OF YOUR A	GENCY: Le County Friance Anthority				
CHECK EITHER OR SPECIFY TAX YEAR DECEMBER 31, 1998 THAN THE CALENDAR	RIFOTHER 97 WOUSH	mance unitrong				
LAST NAME - FIRST NAME - MIDDLE NAME: VIlla losos Plutarco Migu	and I a	E FOLLOWING CATEGORIES:				
MAILING ADDRESS:	LOCAL OFFICE	LOCAL OFFICER STATE OFFICER CANDIDATE				
1819 Rhonda St.	SPECIFIED STA	☐ SPECIFIED STATE EMPLOYEE				
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITION HELD OR SOUGHT:				
74 Myas 33901	Lez					
NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.						
PART A — PRIMARY SOURCES OF INCOME [Sou	urces exceeding 5% of gross income]					
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
aty of Ft Myers	1.0. Box 2217	Hot City Atturney				
,	F-1. Myers PL 33902	,				
	,					
	 					
		E S				
PART B — SOURCES OF INCOME TO BUSINESS		[Major customers, clients, etc.]				
PART B — SOURCES OF INCOME TO BUSINESS NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SES OWNED BY THE REPORTING PERSON SOURCE'S ADDRESS	ਾਜ ਾ ਹ ਹ ਹ				
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S	[Major customers, clients, etc.] DESCRIPTION OF THE SQURCE'S				
NAME OF SOURCE OF	SOURCE'S	[Major customers, clients, etc.] DESCRIPTION OF THE SQURCE'S PRINCIPAL BUSINESS ACTIVITY				
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S	[Major customers, clients, etc.] DESCRIPTION OF THE SQURCE'S PRINCIPAL BUSINESS ACTIVITY				
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S	[Major customers, clients, etc.] DESCRIPTION OF THE SQURCE'S PRINCIPAL BUSINESS ACTIVITY				
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S	[Major customers, clients, etc.] DESCRIPTION OF THE SQURCE'S PRINCIPAL BUSINESS ACTIVITY				
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S	[Major customers, clients, etc.] DESCRIPTION OF THE SQURCE'S PRINCIPAL BUSINESS ACTIVITY				
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME NUNC PART C — REAL PROPERTY [Land, buildings]	SOURCE'S ADDRESS	[Major customers, clients, etc.] DESCRIPTION OF THE SQURCE'S PRINCIPAL BUSINESS ACTIVITY				
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME NUNE	SOURCE'S ADDRESS	PRINCIPAL BUSINESS ACTIVITY FILING INSTRUCTIONS for when and where to file this form are located at the bottom 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 BUSINESS ENTITY'S INCOME NUNC PART C — REAL PROPERTY [Land, buildings]	SOURCE'S ADDRESS	PRINCIPAL BUSINESS ACTIVITY FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]						
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
MA	···	· · · · · · · · · · · · · · · · · · ·				
14/						
PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]						
NAME OF CREDITOR		ADDRESS OF CREDITOR				
		ABBILLOS OF GILLBITOTE				
NONE						
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	116					
BUSINESS ENTITY ADDRESS OF	IV/rs					
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: Plustinus M. Villaliva DATE SIGNED: 10/1/99						

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)