FORM 1 STATEM	ENT OF FI	NANCIAL	INTERESTS 1999		
THIS STATEMENT REFLECTS MY FINANCIAL INTE	EREST FOR THE	NAME OF YOUR AGEN	ICY:		
CHECK EITHER X OR SPECIFY TAX YI AR F OTHER THAN THE CALEND IT YEAR:		Herons Glen Recreation District			
LAST NAME - FIRST NAME - MIDDLE NAME:		CHECK ONE OF THE FO	OLLOWING CATEGORIES:		
Weyer, Conrad E.  MAILING ADDRESS:		LOCAL OFFICER	STATE OFFICER  CANDIDATE		
2461 Valparaiso Boulevard		SPECIFIED STATE	ЕМРІ <u>О</u> УРЕ		
CITY: ZIP: COUNTY: North Ft. Myers, 33917 Lee		LIST OFFICE OR POSITION HELD OR SOUGHT: Supervisor & Treasurer			
NOTICE: Under provisions of Se closure constitutes grounds for a fication from being on the ballot ment, demotion, reduction in sala PART A — PRIMARY SOURCES OF INCOME [Sou			failure to make any required dis- r more of the following: disquali- spension from office or employ- r not exceeding \$10,000.		
NAME OF SOURCE OF INCOME	SOL	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
IRA Rollover Acct.					
Compass Investment	275 Broad Hollow Road		retirement income		
	Melville, N	Y 11747			
PART B — SOURCES OF INCOME TO BUSINESS	ES OWNED BY THE RE	PORTING PERSON [Ma	ajor customers, clients, etc.]		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	)	DURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Mid Island Tax Inc.	38 Kings Hg	way	Tax Prep.		
	Hauppance,	NY 11788			
PART C — REAL PROPERTY [Land, buildings]			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
None in Fl.			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.		
	一	7 % IM	OTHER FORMS you may need to file are described on page 6.		
			(Continued on p.2)		

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TYPE OF INTANGIBL	E	cks, bonds, certificates of deposit, etc.]  BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
PART E — LIABILITIES IN EXC	ESS OF NET WORTH [Major debts]				
NAME OF CREDI	TOR	ADDRESS OF CREDITOR			
PART F — INTERESTS IN SPECI	FIED BUSINESSES [Ownership or po	ositions in certain types of businesses]			
PART F — INTERESTS IN SPECI	FIED BUSINESSES [Ownership or positive of positive in the content of the content	ositions in certain types of businesses]  BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF			BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF	BUSINESS ENTITY # 1		BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	BUSINESS ENTITY # 1		BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1		BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS	BUSINESS ENTITY # 1		BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY OWN MORE THAN A 5% NTEREST IN THE BUSINESS	BUSINESS ENTITY # 1		BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD VITH ENTITY OWN MORE THAN A 5%	BUSINESS ENTITY # 1		BUSINESS ENTITY # 3		
AME OF USINESS ENTITY DDRESS OF USINESS ENTITY RINCIPAL BUSINESS CTIVITY OSITION HELD ///TH ENTITY OWN MORE THAN A 5% ITEREST IN THE BUSINESS ATURE OF MY WNERSHIP INTEREST	BUSINESS ENTITY # 1  None in Fl.		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.

(Continued on p.3)