FORM 1 STATEMI	ENT OF FI	INANCIAL	INTERESTS	1998
THIS STATEMENT REFLECTS MY FINANCLE INTE PRECEDING TAX YEAR ENDING:	NAME OF YOUR AGENCY:			
	IFOTHER	Loc County Gost		
CHECK EITHER OR SPECIFY TAX YEAR I DECEMBER 31, 1998 // THAN THE CALENDAR Y	YEAR:		/ ·	
AST NAME - FIRST NAME - MIDDLE NAME:		CHECK ONE OF THE F	OLLOWING CATEGORIES:	
TAILING ADDRESS:	□ LOCAL OFFICER □ STATE OFFICER □ CANDIDATE			
11395 Waterford	SPECIFIED STATE	EMPLOYEE		
		f		writer at
TTY: ZIP:	COUNTY:	LIST OFFICE OR POSITION HELD OR SOUGHT: Develor of		
Fort Myers 3391:				
NOTICE: Under provisions of Sec closure constitutes grounds for a fication from being on the ballot, ment, demotion, reduction in sala	c. 112.317, Flor nd may be pui impeachment ry, reprimand,	ida Statutes, a hished by one o , removal or su or a civil penalt	failure to make any or more of the follow Ispension from offic y not exceeding \$10	required dis- ving: disquali- ce or employ-),000.
PART A PRIMARY SOURCES OF INCOME [Sour	ces exceeding 5% of g	ross income]		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Lee County Gout	Fort Myers, Fl		acuernmant	
CES	Fort Myers, Fl Pembruko Roses, Fl		gesernment Selvel	
PART B — SOURCES OF INCOME TO BUSINESSE			······································	
	SC	E PORTING PERSON (M. DURCE'S DDRESS	······································	F THE SOURCE'S INESS ACTIVITY
PART B — SOURCES OF INCOME TO BUSINESSE NAME OF SOURCE OF	SC	URCE'S	DESCRIPTION O	
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PART B – SOURCES OF INCOME TO BUSINESSE NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SC	URCE'S	DESCRIPTION OI PRINCIPAL BUS	INESS ACTIVITY
PART B – SOURCES OF INCOME TO BUSINESSE NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SC	URCE'S	DESCRIPTION OI PRINCIPAL BUS FILING INSTRUC and where to file this form a tom of page 2. INSTRUCTIONS of form and how to fill it out be	INESS ACTIVITY TIONS for when are located at the bot- n who must file this
PART B — SOURCES OF INCOME TO BUSINESSE NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N/A-	SC	URCE'S	FILING INSTRUC and where to file this form a tom of page 2. INSTRUCTIONS of form and how to fill it out be packet.	INESS ACTIVITY TIONS for when are located at the bot- n who must file this egin on page 3 of this
PART B — SOURCES OF INCOME TO BUSINESSE NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N/A PART C — REAL PROPERTY [Land, buildings]	SC	URCE'S	DESCRIPTION OI PRINCIPAL BUS FILING INSTRUC and where to file this form a tom of page 2. INSTRUCTIONS of form and how to fill it out be	INESS ACTIVITY TIONS for when are located at the bot- n who must file this egin on page 3 of this
PART B — SOURCES OF INCOME TO BUSINESSE NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N/A PART C — REAL PROPERTY [Land, buildings]	50 AC	DURCE'S	FILING INSTRUC and where to file this form a tom of page 2. INSTRUCTIONS of form and how to fill it out be packet. OTHER FORMS yo are described on page 6.	INESS ACTIVITY TIONS for when are located at the bot- n who must file this egin on page 3 of this

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]								
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
stock		Level 3 communication						
		× 4						
· · · · · · · · · · · · · · · · · · ·								
PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]								
NAME OF CREDITOR		ADDRESS OF CREDITOR						
N/b								
for the second s								
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
	BUSINESS ENT	TITY # 1	BUS	INESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NIA							
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: 1- Cent	helles	//	DATE SI	GNED: •/4/49				

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)