the same of the sa			
	STATEMENT OF FI	NANCIAL INTERESTS	
LAST NAME - FIRST NAME - MIDDLE NAMÉ		OFFICE SOUGHT	
MAILING ADDRESS		DIDATE OF STATE OF ST	
17415.E. 38th AVE.		LOFFICER > ZONING BOARD	
OCAL 32670	Y ZIP COUNTY I VOFFICE HELD		
THIS STATEMENT REFLECTS MY FINA FOR THE PRECEDING TAX YEAR ENDING	NCIAL INTERESTS	FIED EMPLOYEE	
MONTH DAY YEAR	S	▼ SPECIFY	
DEC. 315+ 1979 €	OTHE	The state of the s	
	SECTION A - INCOME AND GIF	TS ·	
income excluding public salary which exceede	largest source first, the name, address d five percent (5%) of the gross incom	and principal business activity of every source of your ne you received or any person received for your benefit osed. If continued on a separate sheet, please check	
NAME OF SOURCE	ADDRESS	DESCRIPTION OF THE	
OF INCOME		PRINCIPAL BUSINESS ACTIVITY	
CRESTWOOD BHILDST	Same he ABOVE	RESIDENTIAL CONST.	
·		; p:	
entity, AND (b) if you received in excess of 1 the business entity which exceeded in value to entity's fiscal year). You are NOT required in the business entity during the disclosure period A "source" in this part refers to any custor requirements noted above. If continued on a second	0% of your gross income from the busion percent (10%) of the business entity this part to list sources of income of the percent of the category of income of the category of t	5% of the total assets or capital stock of any business ness entity, please list below every source of income of r's gross income (computed on the basis of the business a business entity if you received less than \$1,500 from the production which meets the minimum percentage	
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
VIIIGE PATIO DON	N.S. 17th CIR.	HomesSucss	
VIIIDEE PARK AG		RENTOL	
Yum-Yum TREE B	PPS N.S. 2ND ST.	M	
§ 112.3145(3)(d) (1979)] Please list below the name, address, and prince received any gift or gifts, the total of which elisted in descending order of value with the customary and usual rate charged at the time to be a gift. You are NOT required to list in this	ipal business activity of all persons, buexceeded \$100 from any one source dilargest source first. If you have received the debt was incurred, the difference be a part gifts disclosed as an elected office, or from a spouse of any of the forego	CIFIED EMPLOYEES [Required by Florida Statutes usiness entities or other organizations from whom you uring the disclosure period. Your benefactors must be wed a preferential interest rate substantially below the tween the preferential and customary rate is deemed to cial pursuant to §111.011, F.S., or gifts received from bing, or gifts received by bequest or devise, or campaign	
NAME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY	
	<u> </u>		
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PAGE 1

in excess of five percent (5%) of the property's most recently assessed	this state, excluding residence and vacation homes, in which you own value. If continued on a separate sheet, please check here \tau \.					
INTANGIBLE PERSONAL PROPERTY Please give a general description of any intangible personal property in which you hold an interest having a value in excess of ten percent (10%) of your total assets. Intangible personal property means money, all evidences of debt owed to the reporting person, all evidences of ownership in a corporation or other business organization having multiple owners, and all other forms of property where value is based upon that which the property represents rather than its own intrinsic value, such as: certificates of deposit, checks, bills of exchange, drafts, stocks or shares of incorporated or unincorporated companies, business trusts or mutual funds, beneficial interests in a trust, notes, bonds, and other obligations for the payment of money. Your general description should include the type of property as noted above and, if applicable, the name of the business entity to which the intangible property relates. For example: Stock, General Motors; Cash or Certificate of						
DEBTS IN EXCESS OF NET WORTH [Required by Florida Statutes Please list below the name and address of each creditor to whom you	INESS ENTITY TO WHICH THE PROPERTY RELATES					
NAME OF CREDITOR	ADDRESS OF CREDITOR					
SIGNATURE SIGNATURE DATE SIGNED 7 / 5 / 80 FILING INSTRUCTIONS FOR FORM 7, PART 1/						

WHO MUST FILE: All state officers, local officers, candidates for state or local elective office, and specified employees (other than officers of the judicial branch), as defined in Section 112.3145(1), Florida Statutes (1979), and enumerated in the brochure entitled "A Guide to the Sunshine Amendment and Code of Ethics for Public Officers, Candidates and Employees," available from the Commission on Ethics, Clerk of Circuit Court, and Secretary of State.

WHEN TO FILE. Candidates for publicly-elected state or local office must file financial disclosure together with and at the same time they file their qualifying papers. State and local officers and specified employees are required to file disclosure by 12 o'clock noon of July 15th of each year, including the July 15th following the last year one is in office. Each state or local officer who is appointed and each specified employee who is employed must

file disclosure within 30 days from the date of appointment or the beginning of employment. Those appointments requiring Senate confirmation must be filed by the appointee prior to confirmation.

WHERE TO FILE: A candidate files this form together with and as a part of his qualifying papers. A local officer files with the Clerk of the Circuit Court of the county in which he is principally employed or is a resident. A state officer or specified employee files with the Secretary of State, The Capitol, Tallahassee, Florida, 32301.

MULTIPLE FILING UNNECESSARY: Any person who files a statement of financial interests for any calendar or fiscal year is not required to file a second disclosure for the same year or any part thereof, except that any public officer who qualifies as a candidate shall file a copy of his disclosure with the officer before whom he qualifies at the time he qualifies.

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317 (1979), 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 TO EXCEED \$5,000.

FORM 1, PART 2, STATEMENT OF FINANCIAL INTERESTS

FOR CALENDAR YEAR ENDING December 31, 19 ____

(FOR ELECTED OFFICERS ONLY)

Name: (LAST)	(FIRST)	(MIDDLE)	Telephone: ((NUMBER)
Address:(STREE	P)	(CITY)	(ZIP)	(COUNTY)
lective Office Held is:	() Statewide; ()	Multi-county; () C	ounty, City or Other Political S	Subdivision
itle of Elective Office H	eld:	Name of A	gency:	
Current term began:		Expires:		
f your office terminated	during the past year, please indica	te termination date:		
1979)] f you are an elected pul ou or on your behalf an equired by Chapter 99,	TRIBUTIONS AND EXPENDIT	gift, donation or payment on made of same by you for t	f money the value of which ex the previous calendar year, not	ceeds \$25 received by otherwise reported a
eparace sneed, preuse one		A — LIST OF CONTRIBUTION	ONS	
DATE.	NAME	RESIDENCE: AND	MAILING ADDRESS	AMOUNT.
			and the second s	
17.78				
요즘 사람들은 가장 그 사람들이 가장 하는 것이 없는 것이 없는 것이 없는 것이 없다.	나는 그들은 나는 회원들이 말을 받는데 보고 있는데 얼굴하게 많아 걸었다.			

SECTION B — LIST OF EXPENDITURES

DATE	NAME AND ADDRESS OF WHOM EXPENDITURE	[20]	PURPOSE OF EXPENDITURE	AMOUNT

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			● 1 93 :	
			7.6	<u> </u>
			<u> </u>	
			1966 (A) 1 (A)	
STATE OF FLOR COUNTY OF	IDA			A STATE OF THE STA
Before me tl	ne undersigned attesting officer p	ersonally appeared		
who upon being s	worn on oath deposes and says th	hat the foregoing statement	t of contributions and expenditure	es is a true, accurate and total
listing of all contri	butions and expenditures for the	period listed as required by	y Chapter 111.011, Florida Statut	ies.
	er fallen for en formale fra sterne fra fallen fra fallen fra fallen fra fallen fra fallen fra fallen fra fall Fra fallen fra fallen	Signature of Elect	ed Official	
Subscribed and sw	orn to before me this	day of	tina and the second of the sec	, 19 ,
at			County, Florida.	
		Notary Public		

FILING INSTRUCTIONS FOR FORM 1, PART 2

PART 2 of this form when duly signed by an elected public officer and notarized, must be filed with the Department of State, the Capitol, Tallahassee, Florida 32301 in the case of an elected state or national officer or with the Clerk of the Circuit Court in the case of an elected county officer or an elected municipal officer. This part must be filed by 12:00 noon of July 15 of each year.

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §§111.011, 775.082 AND 775.083 (1979), A FAILURE TO MAKE ANY REQUIRED DISCLOSURE ON THIS FORM CONSTITUTES A SECOND DEGREE MISDEMEANOR WHICH, UPON CONVICTION, IS PUNISHABLE BY A MAXIMUM TERM OF IMPRISONMENT NOT EXCEEDING 60 DAYS AND A FINE OF \$500.

CE FORM 1 - REV. 12-79

OCPORAL LAKE.