

FORM 7

GIFTS AND OTHER NON-CAMPAIGN CONTRIBUTIONS TO ELECTED STATE, COUNTY, AND MUNICIPAL OFFICERS 1988

LAST NAME — FIRST NAME — MIDDLE NAME <i>Pulliam William E.</i>		STATEMENT FOR CALENDAR YEAR ENDING DECEMBER 31, 1988	
MAILING ADDRESS <i>4850 N.W. 152nd Lane</i>		NAME OF AGENCY <i>Town of Reddick</i>	
CITY <i>Reddick</i>	COUNTY <i>Marion</i>	ZIP <i>32686</i>	DATE TERM BEGAN <i>April 1988</i>
OFFICE HELD <i>Councilman</i>		DATE TERM EXPIRES <i>April 1990</i>	
ELECTED OFFICE HELD IS: <input type="checkbox"/> STATE OFFICE <input type="checkbox"/> COUNTY OFFICE <input checked="" type="checkbox"/> MUNICIPAL OFFICE			

PART A — STATEMENT OF GIFTS, DONATIONS, OR PAYMENTS

Please list below each contribution, including any gift, donation, or payment, the value of which exceeds \$100, received by you or on your behalf from any person, group, or organization, not otherwise required to be reported by Chapter 106, Florida Statutes. Any payment in excess of \$100 to a dinner, barbeque, fish fry, or other such event shall likewise be deemed a contribution. You are not required to disclose a gift representing an expression of sympathy and having no material benefit or a bona fide gift for personal use from your parents, children, grandparents, grandchildren, brothers, sisters, uncles, aunts, nephews, nieces, great-grandparents and great-grandchildren. Nor must you list honorary membership in social, service, or fraternal organizations which were presented as a courtesy by such organizations. Legislators need not disclose complimentary parking privileges provided by an airport authority. [Required by Sec. 111.011, Fla. Stat.]

DATE RECEIVED	CONTRIBUTOR	ADDRESS OF CONTRIBUTOR	CONTRIBUTION
	<i>None</i>		<i>None</i>
			SUPERVISOR OF ELECTIONS MARION COUNTY
			89 MAY -5 NO:47

CHECK IF CONTINUED ON SEPARATE SHEET

PART B — EXPENDITURES OR OTHER DISPOSITION OF GIFTS, DONATIONS, OR PAYMENTS

If any payment or disposition is made from the gifts, donations or payments listed above, please list below the name and address of each person who received such a payment or disposition.

DATE OF EXPENDITURE	NAME OF RECIPIENT	ADDRESS OF RECIPIENT	EXPENDITURE OR DISPOSITION
	<i>None</i>		

CHECK IF CONTINUED ON SEPARATE SHEET

PART C — OATH

I, the public officer whose name appears at the beginning of this form, do depose on oath and say that the information disclosed herein and on any attachments hereto constitutes a true, accurate, and total listing of all contributions, expenditures, and distributions required to be reported by Section 111.011, Florida Statutes.	STATE OF FLORIDA COUNTY OF <i>Marion</i> The signature of the public officer whose financial interests are disclosed herein was sworn to and subscribed before me this <u>4</u> day of <u>May</u> , 19 <u>89</u> .
SIGNATURE OF REPORTING OFFICIAL <i>William E. Pulliam</i>	SIGNATURE OF NOTARY <i>Bernice Vera</i>
	DATE COMMISSION EXPIRES Notary Public, State of Florida at Large My Commission Expires July 28, 1991

PART D — FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Department of State, Division of Elections, Room 1801, The Capitol, Tallahassee, Florida 32399, by an elected state officer, or with the Supervisor of Elections by elected county officer or an elected municipal officer. This statement must be filed no later than July 1, 1989 for the 1988 calendar year.