FORM 7

GIFTS AND OTHER NON-CAMPAIGN CONTRIBUTIONS

STATEMENT FOR CALENDAR YEAR ENDING DECEMBER 31, 1989

LAST NAME — FIRST NAME — MIDDLE NAME: Pulliam William E.

NAME OF AGENCY: Town of Reddick

MAILING ADDRESS: 4850 N.W. 152nd LANE

CITY: Reddick COUNTY: MARION ZIP: 32686

OFFICE HELD: Councilman

WHO MUST FILE: Each person holding an elective State, county, district, or municipal office in Florida; and each appointed public officer who is required by law to file Form 6, Full and Public Disclosure of Financial Interests, pursuant to Art. II, Sec. 8, Fla. Const.

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. 112.3148, Fla. Stat.]

DATE RECEIVED	CONTRIBUTOR	ADDRESS OF CONTRIBUTOR	CONTRIBUTION
	N/A		

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
	N/A		

SUPERVISOR OF ELECTIONS MARION COUNTY '90 JUL -2 A10:16

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 112.3148, Florida Statutes.

STATE OF FLORIDA
COUNTY OF Marion

The signature of the public officer whose financial interests are disclosed herein was sworn to and subscribed before me this 29 day of June, 1980.

SIGNATURE OF REPORTING OFFICIAL: William E. Pulliam

SIGNATURE OF NOTARY: Margaret G. Arnold

DATE COMMISSION EXPIRES: NOTARY PUBLIC, STATE OF FLORIDA. MY COMMISSION EXPIRES: MAR. 2, 1993. BONDED THRU NOTARY PUBLIC UNDERWRITERS

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 official who files Form 6, Full and Public Disclosure of Financial Interests, or with the *Supervisor of Elections* by an elected officer who files Form 1, Statement of Financial Interests. This statement must be filed no later than July 1, 1990 for the 1989 calendar year, and should be filed together with the Form 6 or Form 1, as applicable.