

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1999

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING: CHECK EITHER <input checked="" type="checkbox"/> DECEMBER 31, 1999 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____	NAME OF YOUR AGENCY:
LAST NAME - FIRST NAME - MIDDLE NAME: GAVER THOMAS GEORGE	CHECK <u>ONE</u> OF THE FOLLOWING CATEGORIES: <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> CANDIDATE <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
MAILING ADDRESS: 820 SW 33RD AV	LIST OFFICE OR POSITION HELD OR SOUGHT: MARION Co. CODE ENFORCEMENT BOARD ALTERNATE
CITY: OCALA, FL ZIP: 34474-1918 COUNTY: MARION	

NOTICE: Under provisions of Sec. 112.317, Florida Statutes, 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 exceeding \$10,000.

PART A — PRIMARY SOURCES OF INCOME [Sources exceeding 5% of gross income]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
US FILTER	820 SW 33RD AV, Ocala	WHOLESALE DISTRIBUTOR

PART B — SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON [Major customers, clients, etc.]

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
CITY OF Ocala	PO BOX 1270 OCALA, FL 34478-1270	PURCHASE SUPPLIES TO MAINTAIN WTR & SWR SYSTEM
HAMLET CONST.	4260 NE 35TH ST. OCALA, FL 34479-3220	UTILITY CONTR.
BELLEVUE UNDERGROUND	PO BOX 729 BELLEVUE, FL 34421-0729	" "
S. MARION UNDERGROUND	PO BOX 3490 BELLEVUE, FL 34421-3490	" "

PART C — REAL PROPERTY [Land, buildings]

5± ACRES - Lk. TROPICANA RANCHETTE'S - MARION COUNTY

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.

OTHER FORMS you may need to file are described on page 6.

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
REAL ESTATE SALES	TGG, INC.

PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR
SUNTRUST MORTGAGE	PO BOX 530718, ATLANTA, GA 30353-0718

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	TGG, INC.		
ADDRESS OF BUSINESS ENTITY	2618 SE 27TH ST. OCALA, FL 34474		
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE SALES		
POSITION HELD WITH ENTITY	PRES.		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST	SOLE PROPRIETOR		

IF ANY PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE: *John H. Hany*

DATE SIGNED: 7-14-00

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.

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