

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1998

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:

CHECK EITHER DECEMBER 31, 1998 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 97

NAME OF YOUR AGENCY:

LAST NAME - FIRST NAME - MIDDLE NAME:

NELSON Ben LAMAR

MAILING ADDRESS:

27126 Rue De PAIX

BONITA SPRINGS FLA 34135 Lee

CITY: ZIP: COUNTY:

CHECK ONE OF THE FOLLOWING CATEGORIES:

LOCAL OFFICER STATE OFFICER CANDIDATE

SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD FOR SOURCE:

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
<u>MEDIA ONE</u>	<u>26930 OLD 41</u>	<u>RENT</u>
<u>BONITA BAKERY</u>	<u>26920 OLD 41</u>	<u>"</u>
<u>NELSONS CONST</u>	<u>" "</u>	<u>"</u>

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

PART C - REAL PROPERTY [Land, buildings]

<u>BUSINESS LOTS ON OLD 41</u>
<u>LOTS IN LAKES OF SAUS SOUCI</u>

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
None	

COPY

PART E — LIABILITIES IN EXCESS OF NET WORTH (Major debts)

NAME OF CREDITOR	ADDRESS OF CREDITOR
COLONIAL BANK	BONITA SPRINGS FL 34134

UNSIGNED

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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	None		
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: _____ DATE SIGNED: _____

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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FORM 10 ANNUAL DISCLOSURE OF GIFTS FROM GOVERNMENTAL ENTITIES AND DIRECT SUPPORT ORGANIZATIONS AND HONORARIUM EVENT RELATED EXPENSES

LAST NAME — FIRST NAME — MIDDLE NAME:
 NELSON BOB LAMAR

MAILING ADDRESS:
 27126 Rce De PAIX Lee

CITY: ZIP: COUNTY:
 BONTA SPRING FLA Lee

THIS STATEMENT REFLECTS GIFTS AND HONORARIUM EVENT RELATED EXPENSES RECEIVED DURING 1998. YOU NEED NOT FILE THIS FORM IF YOU HAVE NOTHING TO REPORT ON IT.

NAME OF AGENCY:

OFFICE OR POSITION HELD:

COPY

NOTICE: Under provisions of Sec. 112.317, Fla. Stat., a failure to make any required disclosure constitutes grounds for and may be punished by one of more of the following: impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a fine up to \$10,000.

UNSIGNED

PART A — GIFTS (HAVING A PUBLIC PURPOSE) FROM GOVERNMENTAL ENTITIES

NAME OF PERSON PROVIDING GIFT(S) IN 1998	TOTAL VALUE OF GIFTS FROM THAT PERSON	DESCRIPTION OF INDIVIDUAL GIFTS	DATE EACH GIFT RECEIVED
N/A	N/A		
	NONE		

PART B — GIFTS FROM DIRECT SUPPORT ORGANIZATIONS

NAME OF PERSON PROVIDING GIFT(S) IN 1998	TOTAL VALUE OF GIFTS FROM THAT PERSON	DESCRIPTION OF INDIVIDUAL GIFTS	DATE EACH GIFT RECEIVED
N/A	N/A		

PART C — HONORARIUM EVENT RELATED EXPENSES

	EVENT # 1	EVENT # 2	INSTRUCTIONS on who must file this form and how to fill it out are on the reverse side. FILING INSTRUCTIONS for when and where to file this form are located on the reverse side.
NAME OF PERSON PAYING EXPENSES			
ADDRESS OF PERSON			
AFFILIATION OF PERSON	N/A		
AMOUNT OF HONORARIUM EXPENSES			
DATE(S) OF THE EVENT			
DESCRIPTION OF EXPENSES PAID ON EACH DAY	NONE		
TOTAL VALUE OF EXPENSES FOR THE EVENT			

(Continued on reverse side)