

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 1999

LAST NAME -- FIRST NAME -- MIDDLE NAME:

LANNY MOORE, SR.

445 KEENAN AVENUE
FORT MYERS, FL 33919-0000

NAME OF AGENCY:

Lee County School Dist

OFFICER

OFFICE:

CANDIDATE

OFFICE SOUGHT:

OTHER

POSITION:

COPY

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.

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 — NET WORTH

Please enter the value of your net worth as of December 31, 1999, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of Dec 19 99 or _____ 20__ was \$ 1,205,140

PART B-ASSETS WORTH MORE THAN \$1,000

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 10,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
<i>Am South Accts</i> <u>15,000</u>	
<i>Siencourt Contr Sup</i> <u>1,293,926</u>	
<i>Notes Receivable</i> <u>195,500</u>	
<i>Residence</i> <u>180,000</u>	
<i>IRA</i> <u>79,214</u>	
<i>A. G. Edwards</i> <u>31,500</u>	<u>1,809,140</u>

PART C- LIABILITIES IN EXCESS OF \$1,000

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

None

PART D — INCOME

You may **EITHER** (1) file a complete copy of your 1999 federal income tax return, including all attachments, OR (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D on page 2 of this form.

I elect to file a copy of my 1999 federal income tax return. [If you check this box and attach a copy of your 1999 tax return, you need not complete the remainder of Part D.]

(Part D, Continued)

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

COPY

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses--see instructions]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

OATH

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 12TH day of JUNE, 2000 by LANN Y. W. MOORE.

Lanny W. Moore
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Marilyn U. Hubach
(Signature of Notary Public--State of Florida)

MARILYN U. HUBACH
(Print, Type, or Stamp)

Personally Known OR Produced by
Type of Identification Produced _____

OFFICIAL NOTARY PUBLIC
MARILYN U HUBACH
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC639609
MY COMMISSION EXP. MAY 1, 2001

FILING INSTRUCTIONS

WHAT TO FILE: After completing the form, file only the first sheet (pages 1 and 2). Note: You also may be required to file Form 10 at the back of this packet (see the form for instructions).

WHERE TO FILE: Office-holders file with the Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. Candidates file with the officer before whom they qualify.

WHEN TO FILE: Officeholders must file no later than July 1, 2000. Candidates must file prior to or at the time they qualify.

For the year Jan. 1 - Dec. 31, 1999, or other tax year beginning , 1999, ending

OMB No. 1545-0074

Label section containing personal information: LANNY W. MOORE, LUCILE A. MOORE, 445 KEENAN AVENUE, FT. MYERS, FL 33919. Includes social security numbers and a note about entering SSN(s).

Filing Status section with options: 1 Single, 2 Married filing joint return (selected), 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er).

Exemptions section: 6a Yourself (checked), 6b Spouse (checked). Includes a table for dependents with columns for name, social security number, and relationship.

Income section: 7 Wages (36,418), 8a Taxable interest (32,024), 9 Ordinary dividends (5,327), 13 Capital gain (380), 14 Other gains (-359), 20a Social security benefits (3,876), 22 Total income (947,863).

Adjusted Gross Income section: 23 IRA deduction, 24 Student loan interest, 25 Medical savings account, 26 Moving expenses, 27 One-half of self-employment tax, 28 Self-employed health insurance, 29 Keogh and self-employed SEP, 30 Penalty on early withdrawal, 31a Alimony paid, 32 Add lines 23 through 31a (0), 33 Adjusted gross income (947,863).

Tax and Credits

34 Amount from line 33 (adjusted gross income) 34 **947,863**

35 a Check if: You were 65 or older, Blind, Spouse was 65 or older, Blind.
 Add the number of boxes checked above and enter the total here. ▶ 35a **1**

b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here ▶ 35b

35 Enter your **itemized deductions** from Schedule A, line 28, **OR standard** deduction shown on the left. **But** see page 30 to find your standard deduction if you checked any box on line 35a of 35b or if someone can claim you as a dependent 36 **240,886**

37 Subtract line 36 from line 34. 37 **706,977**

38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter. 38 **0**

39 **Taxable Income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39 **706,977**

40 **Tax (see page 31).** Check if any tax is from a Form(s) 8814 b Form 972 ▶ 40 **252,854**

41 Credit for child and dependent care expenses. Att. Form 2441 41

42 Credit for the elderly or the disabled. Attach Schedule R 42

43 Child tax credit (see page 33). 43

44 Education credits. Attach Form 6663 44

45 Adoption credit. Attach Form 8839. 45

48 Foreign tax credit. Attach Form 1116 if required 48

47 Other. Check if from a Form 3600 b Form 8396
 c Form 8801 d Form (specify) 47

48 Add lines 41 through 47. These are your **total credits**. 48

49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- ▶ 49 **252,854**

Other Taxes

50 Self-employment tax. Att. Sch. SE 50

51 Alternative minimum tax. Attach Form 6251 51

52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 52

53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required. 53

54 Advance earned income credit payments from form(s) W-2. 54

55 Household employment taxes. Attach Schedule H 55

56 Add lines 49 through 55. This is your **total tax** ▶ 56 **252,854**

Payments

57 Federal income tax withheld from Forms W-2 and 1099 57 **2,770**

58 1999 estimated tax payments and amount applied from 1998 return 58 **158,928**

59 a **Earned income credit.** Att. Sch. EIC if you have a qualifying child.
 b Nontaxable earned income: amt. ▶ and type ▶ **NO** 59a

60 Additional child tax credit. Attach Form 8812 60

61 Amount paid with request for extension to file (see page 48) 61

62 Excess social security and RRTA tax withheld (see page 48) 62

63 Other payments. Check if from a Form 2439 b Form 4136 63

84 Add lines 57, 58, 59a, and 60 through 63. These are your **total payments**. ▶ 84 **161,698**

Refund

85 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID 85

66a Amount of line 65 you want REFUNDED TO YOU. 88a

b Routing number ▶ c Type: Checking Savings

d Account number

87 Amount of line 65 you want **APPLIED TO 2000 ESTIMATED TAX** ▶ 67

Amount You Owe

88 If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE. For details on how to pay, see page 49 ▶ 88 **91,156**

89 Estimated tax penalty. Also include on line 68 89

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime telephone number (optional)
Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature ▶ Date **4/10/00** Check if self-employed Preparer's SSN or PTIN **412-68-0183**

Firm's name (or yours if self-employed) and address ▶ **SHUMACKER, JOHNSTON & ROSS PA** EIN **59-3202235**
911 N. BLVD. WEST ZIP code **34748**
LEESBURG, FL

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Standard Deduction for Most People

Single: \$4,300

Head of household: \$6,350

Married filing jointly or Qualifying widow(er): \$7,200

Married filing separately \$3,600.

**Underpayment of
Estimated Tax by Individuals, Estates, and Trusts**

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

Attachment
Sequence No. **06**

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return

Identifying number

LANNY W. AND LUCILE A. MOORE

251-54-5103

Note: In most cases, you do not need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 only if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from Part III, line 21, or Part IV, line 35, on the penalty line of your return, but do not attach Form 2210.

Part I Reasons for Filing – If 1a, 1b, or 1c below applies to you, you may be able to lower or eliminate your penalty. But you MUST check the boxes that apply and file Form 2210 with your tax return. If 1d below applies to you, check that box and file Form 2210 with your tax return.

- 1 Check whichever boxes apply (if none apply, see the Note above):
- a You request a **waiver**. In certain circumstances, the IRS will waive all or part of the penalty. See **Waiver of Penalty** on page 1 of the instructions.
 - b You use the **annualized income installment method**. If your income varied during the year, this method may reduce the amount of one or more required installments. See page 4 of the instructions.
 - c You had Federal income tax withheld from wages and, for estimated tax purposes, you treat the withheld tax as paid on the dates wages were withheld, instead of in equal amounts on the payment due dates. See the instructions for line 23 on page 3.
 - d Your required annual payment (line 14 below) is based on your 1998 tax and you filed or are filing a joint return for either 1998 or 1999 but not for both years.

COPY

Part II Required Annual Payment

2 Enter your 1999 tax after credits (see page 2 of the instructions)	2		252,854
3 Other taxes (see page 2 of the instructions)	3		
4 Add lines 2 and 3	4		252,854
5 Earned income credit	5		
6 Additional child tax credit	6		
7 Credit for Federal tax paid on fuels	7		
6 Add lines 5, 6, and 7	6		0
9 Current year tax. Subtract line 8 from line 4	9		252,854
10 Multiply line 9 by 90% (.90)	10	227,569	
11 Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the instructions).	11		2,770
12 Subtract line 11 from line 9. If less than \$1,000, stop here; do not complete or file this form. You do not owe the penalty.	12		250,084
13 Enter the tax shown on your 1998 tax return (105% of that amount if the adjusted gross income shown on that return is more than \$150,000, or, if married filing separately for 1999, more than \$75,000). Caution: See page 2 of the instructions	13		161,504
14 Required annual payment. Enter the smaller of line 10 or line 13	14		161,504

Note: If line 11 is equal to or more than line 14, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above.

Part III Short Method (Caution: See page 2 of the instructions to find out if you can use the short method. If you checked box 1b or 1c in Part I, skip this part and go to Part IV.)

15 Enter the amount, if any, from line 11 above	15	2,770	
16 Enter the total amount, if any, of estimated tax payments you made	16	158,928	
17 Add lines 15 and 16	17		161,698
18 Total underpayment for year. Subtract line 17 from line 14. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above	1a		0
19 Multiply line 18 by .06336	19		
20 ● If the amount on line 18 was paid on or after 4/15/00, enter -0-. ● If the amount on line 18 was paid before 4/15/00, make the following computation to find the amount to enter on line 20.			
Amount on line 18 x Number of days paid before 4/15/00 x .00022	20		
21 PENALTY. Subtract line 20 from line 19. Enter the result here and on Form 1040, line 69; Form 1040A, line 44; Form 1040NR, line 68; Form 1040NR-EZ, line 27; or Form 1041, line 26	21		

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Schedule A - Itemized Deductions

Name(s) shown on Form 1040

LANNY W. AND LUCILE A. MOORE

Your social security number

251-54-5103

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1			
2	Enter amount from Form 1040, line 34	2			
3	Multiply line 2 above by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0
Taxes You Paid		5			
5	State and local income taxes	6	5,827		
6	Real estate taxes (see page A-2)	7	115		
7	Personal property taxes				
6	Other taxes. List type and amount				
	-----	8			
9	Add lines 5 through 8	9			5,942
Interest You Paid		10			
10	Home mortgage interest and points reported on Form 1098	11			
11	Home mortgage interest not reported on Form 1098. If paid to the person from whom you bought the home, see page A-3 & show that person's name, ID no. & address				
	-----	11			
	-----	12			
12	Points not reported on Form 1098. See page A-3	13			
13	Investment interest. Attach Form 4952, if required. (See page A-4)				
14	Add lines 10 through 13	14			0
Gifts to Charity		15	259,582		
15	Gifts by cash or check. If any gift of \$250 or more, see pg. A-4. ST... 3.	16			
16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You MUST attach Form 8283 if over \$500	17			
17	Carryover from prior year	18			259,582
18	Add lines 15 through 17				
Casualty and Theft Losses		19			0
19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)				
Job Expenses and Most Other Miscellaneous Deductions		20			
20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You MUST attach Form 2106 or 2106-EZ if required. (See page A-5.)				
	-----	21			
21	Tax preparation fees	22			
22	Other expenses - investment, safe deposit box, etc. List type and amount				
	▶ A G EDWARDS FEES 120				
	IRS CUSTODIAL FEES 70				
	-----	22	190		
23	Add lines 20 through 22	23	190		
24	Enter amount from Form 1040, line 34	24	947,863		
25	Multiply line 24 above by 2% (.02)	25	18,957		
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			0
Other Miscellaneous Deductions		27			0
27	Other - from list on page A-6. List type and amount				
Total Itemized Deductions		26			
26	Is Form 1040, line 34, over \$126,600 (over \$63,300 if married filing separately)?		REDUCTION		
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36.		-24,638		
	<input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.				240,886

COPY

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

LANNY W. AND LUCILE A. MOORE

251-54-5103

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

Note: If you had over \$400 in taxable interest, you must also complete Part III.

Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address

AMSOUTH BANK
L W MOORE JR
MB PARTNERSHIP
SOUTHTRUST
SUNCOAST C/S
SUNCOAST CONTR. INC

Table with 2 columns: Amount, Interest amounts (648, 5,990, 13,988, 472, 2,788, 8,138)

2 Add the amounts on line 1.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815.
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

Table with 2 columns: Amount, Totals (32,024, 32,024)

COPY

Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13.

SEE STATEMENT 4

Table with 2 columns: Amount, Dividend amounts (Total: 5,327)

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9

Table with 2 columns: Amount, Total (5,327)

Part III Foreign Accounts and Trusts

(See page B-2.)

You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 1999, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1

b If "Yes," enter the name of foreign country

8 During 1999, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2

Table with Yes/No columns and checkboxes for questions 7a and 8

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

LAN-NY W. AND LUCILE A. MOORE

251-54-5103

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corp., (c) Check if foreign partnership, (d) Employer identification number, (e) All at risk, (f) Some not at risk. Rows include MB PARTNERSHIP and SUNCOAST CONTR. INC.

Table for Passive Income and Loss vs Nonpassive Income and Loss. Columns include (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss from Schedule K-1, (j) Section 179 expense deduction, (k) Nonpassive income from Schedule K-1. Totals for 28a, 29, 30, and 31 are shown.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID number. Rows A, B, C, D.

Table for Passive Income and Loss vs Nonpassive Income and Loss. Columns include (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals for 33a, 34, 35, and 36 are shown.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 38.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 39-42. Total amount 869,778 is shown on line 40.

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

1999

Attachment sequence No. 27

Form 4797

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Identifying number

LANNY W. AND LUCILE A. MOORE

251-54-5103

1 Enter here the gross proceeds from the sale or exchange of real estate reported to you for 1999 on Form(s) 1099-S (or a substitute statement) that you will be including on line 2, 10, or 20

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Property Held More Than 1 Year

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) GAIN or LOSS Subtract (f) from the sum of (d) and (e)
2 FROM K-1						-359

3 Gain, if any, from Form 4684, line 39	3	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6 Gain, if any, from line 32, from other than casualty or theft	6	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships - (except electing large partnerships). Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 6. Skip lines 8, 9, 11, and 12 below. S corporations - Report the gain or (loss) following the instructions for Form 1120S, Schedule K, lines 5 and 6. Skip lines 8, 9, 11, and 12 below, unless line 7 is a gain and the S corporation is subject to the capital gains tax. All others - If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on Schedule D and skip lines 8, 9, and 12 below.	7	-359
8 Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9 Subtract line 8 from line 7. If zero or less, enter -0-. Also enter on the appropriate line as follows (see instructions): S corporations - Enter any gain from line 9 on Schedule D (Form 1120S), line 14, and skip lines 11 and 12 below. All others - If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the gain from line 9 as a long-term capital gain on Schedule D.		

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Part II Ordinary Gains and Losses

10 Ordinary gains and losses not included on lines 11 through 17 (include property held 1 year or less):		
11 Loss, if any, from line 7	11	-359
12 Gain, if any, from line 7 or amount from line 8 if applicable	12	
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Recapture of section 179 expense deduction for partners and S corporation shareholders from property dispositions by partnerships and S corporations (see instructions)	17	
18 Combine lines 10 through 17. Enter the gain or (loss) here, and on the appropriate line as follows: a For all except individual returns: Enter the gain or (loss) from line 18 on the return being filed. b For individual returns: (1) If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797, line 18b(1)." See instructions (2) Redetermine the gain or (loss) on line 18, excluding the loss, if any, on line 18b(1). Enter here and on Form 1040, line 14.	18	-359
18b(1)		
18b(2)		-359

KFA For Paperwork Reduction Act Notice, see separate instructions.

CLIENT 13420LW M

LANNY W. AND LUCILE A. MOORE

251-54-5103

04/10/00

0510 PM

STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	LOCAL W/H
SUNCOAST CONTR. INC	3,000		186			
LEE COUNTY SCHOOL BOARD	30,418	2,770	1,886	441		
TOTAL	33,418	2,770	2,072	441	0	0

SPOUSE - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	LOCAL W/H
SUNCOAST CONTR. INC	3,000		186	44		
TOTAL	3,000	0	186	44	0	0
GRAND TOTAL	36,418	2,770	2,258	485	0	0

STATEMENT 2
FORM 1040, LINE 13
CAPITAL GAIN DISTRIBUTIONS

AMER BALANCED FD	\$ 422
WASH MUTUAL IN-V FUND	479
WASH MUTUAL INV FUND	479
TOTAL	\$ 1,380

COPY

STATEMENT 3
SCHEDULE A, LINE 15
CONTRIBUTIONS BY CASH OR CHECK

ABILA ARCHEOLOGY	\$ 1,000
ACLS	2,000
ALLIANCE DEFENSE FUND	1,250
ARMA	3,500
C.C. CHRISTIAN SCHOOL	1,000
CARING FOUNDATION	1,000
CFC	1,075
CHARITABLE CONTRIBUTIONS FROM K-1	94,678
CONO	1,000
CORAL RIDGE MINI SERIES	3,725
COVENANT COLLEGE	1,000
COVENANT SEMINARY	30,500
EAGLE FORUM	4,115
ECHO	1,000
ECS	2,534
EDUC FOR LIFE	1,100
EDUC RESEARCH	1,150

CLIENT 13420LW M

LANNY W. AND LUCILE A. MOORE

251-54-510:

04/10/00

05:10 PM

STATEMENT 3 (CONTINUED)
SCHEDULE A, LINE 15
CONTRIBUTIONS BY CASH OR CHECK

EVANG PRES CHURCH	31,735
FT MYERS CHRIST SCHOOL	3,015
FT MYERS RESERVE MISSION	5,000
GIDEONS	1,000
GOSPEL BAPTIST	1,000
GRACE COMMUNITY	1,500
GWP	2,500
HAFF	4,000
HCJB	1,900
HIGH FRONTIER	1,750
JMS FOUNDATION	1,500
MT W	13,100
MNA	1,100
MT HERMON SCHOOL	2,500
NC BC	3,500
OAK PRE-SCHOOL	5,000
PRECIOUS LIFE MINISTRIES	1,295
PROMISE KEEPERS	2,000
SUNSHINE SCHOOL	1,000
VARIOUS	16,375
VOICE OF MASTERS	1,185
WALL BUILDERS	2,000
WYCLIFF	4,000
TOTAL \$	<u>259,582</u>

COPY

STATEMENT 4
SCHEDULE B, LINE 5
DIVIDEND INCOME

AMER BALANCED FD	\$	180
AMERITECH		259
BELL ATLANTIC		194
BELL SOUTH		213
BOND FUND OF AMER		340
BOND FUND OF AMER		680
CENTENNIAL MM TR		460
CENTENNIAL MONEY MARKET FUND		518
FIRST UNION		138
FT - DSIP - '98		145
FT DSIP '98		145
SBC		344
US WEST		253
UTS FIRST TRUST		640
UTS FIRST TRUST I		640
WASH MUTUAL INV FUND		89
WASH MUTUAL INV FUND		89
TOTAL \$		<u>5,327</u>

CLIENT 13420LW M

LANNY W. AND LUCILE A. MOORE

251-54-5103

MB PARTNERSHIP
59-2551712

PARTNERSHIP NONPASSIVE	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss),	18,951				
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)	18,951				18,951
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					18,951
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)					
Long-term capital gain (loss)					
FORM 4952					
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income					
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)					
Interest income (U.S. bonds, T-bills, etc.)					
Ordinary dividends					
Tax-exempt interest (total muni-bonds)					
Tax-exempt interest (in-state bonds)					
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1967)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

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* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14d.

CLIENT 13420LWM

LANNY W. AND LUCILE A. MOORE

251-54-5103

SUNCOAST CONTR. INC
59-2536678

S CORPORATION NONPASSIVE	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)	850,827				
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)	850,827				850,827
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					850,827
FORM 4797					
Section 1231 gain (loss)	-359				-359
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)					
Long-term capital gain (loss)					
FORM 4952					
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions	94,678				94,678
Deductions related to portfolio income					
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)	8,138				8,138
Interest income (U.S. bonds, T-bills, etc.)					
Ordinary dividends					
Tax-exempt interest (total muni-bonds)					
Tax-exempt interest (in-state bonds)					
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1967)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited to trust					
Credits					

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* Carries to AMT at-risk/passive worksheets to compute Form 6251 line 11' or 14h.

CLIENT13420LWM

LANNY W. AND LUCILE A. MOORE

251-54-5103

	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Vet income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					869,778
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					-359
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)					
Long-term capital gain (loss)					
FORM 4952					
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					94,678
Deductions related to portfolio income					
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)					8,138
Interest income (U.S. bonds, T-bills, etc.)					
Ordinary dividends					
Tax-exempt interest (total muni-bonds)					
Tax-exempt interest (in-state bonds)					
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

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* Carries to AMT at-risk/passive worksheets to compute Form 6261, line 11 or 14h.

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SUIB... OF
JUL 11 2000

CANVASSING BOARD MEETINGS
For
FALL 2000 ELECTIONS

FIRST PRIMARY

Friday September 1 @ 8:00 am	Canvass absentee ballots
Friday September 1 @ 1:00 pm	Test the tabulating equipment
Tuesday September 5 @ 8:00 am	Canvass absentee ballots
Wednesday September 6 @ 8:00	Certify the Election

SECOND PRIMARY

Friday September 29 @ 8:00 am	Canvass absentee ballots
Monday October 2 @ 1:00 pm	Test the tabulating equipment
Tuesday October 3 @ 8:00 am	Canvass absentee ballots
Wednesday October 4 @ 8:00 am	Certify the Election

GENERAL ELECTION

Friday November 3 @ 8:00 am	Canvass absentee ballots
Monday November 6 @ 1:00 pm	Test the tabulating equipment
Tuesday November 7 @ 8 :00 am	Canvass absentee ballots
Wednesday November 8 @ 8:00 am	Certify the Election

I acknowledge that I am in receipt of this notice.

<i>Larry W. Moore</i>	<i>6-30-00</i>
_____ Signature of Candidate	_____ Date

RECEIVED
SUIB... OF
JUL 28 2000