FORM 1	FORM 1 STATEMENT OF				2002				
Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIAL	INTERES 7	rs [
LAST NAME FIRST NAME MIDD MAILING ADDRESS:	LE NAME	WALTER		R OFFICE E ONLY:					
CARE CORAC) 7 (, F, zip:	014 G=	ID (Code Signature S					
NAME OF AGENCY: LEC CELLY HOUNG FINANCE ALTH NAME OF OFFICE OR POSITION HELD OR SOUGHT: CASIRAINA P. Req. Code									
CHECK IF CANDIDATE OR Z NEW EMPLOYEE OR APPOINTEE									
THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2002 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):									
COMPARATIVE (PERCENTAGE	E) THRE	SHOLDS	OR 🔲	DOLLAR	VALUE THRESHOLDS				
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME		[Major sources of income to th SOUF ADDF	RCE'S	1	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY				
SACCAST CENTRATERS !	siry	FT MY F/S, 1	35816 75Z	2.20	UBOR SALETHAN				
CAR LONDON CO.		FT MYEAS FL	33916 752 1702 CHECK	-	TRUSS SALES				
Si STRUCTURALSYSTE	TYIS_	Ft Myons F	2 35905	1 (1/4	CUS SALES				
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of NAME OF MAJOR SOURCES ADDITION OF BUSINESS INCOME OF SOURCES OF SOURC				ne to busines	ses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
NONE									
									
PART C REAL PROPERTY [Land,	buildings]	and v	NG INSTRUCTIONS for when where to file this form are location of page 2.					
				this f	RUCTIONS on who must file orm and how to fill it out begin ge 3. ER FORMS you may need to				
					re described on name 6				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
IRA'S STECKS		MCREAN STANLEY, DEAN WITTER					
		JOHN	HANCOAL, A	Y LIFE			
401 K		RETUREMENT PUN THE PREVIOUS					
		EMPLOYED PRINCIPAL FINANCIAL					
		CIPCOP					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
BARICEL SUBJECT		TO BOX 35 HOLOUISVILLE KY 4232-54C					
STUDGOT LONG (WIP		PE BY GORA SICUX FILLS SD 57117-694					
PANK of DUERICA (Equity)		TOBOX 21993 GREESECAL, NCZ747C-1953					
		, ,					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENTI	TY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NEWE	-					
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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): Contact Date Signed (required): Contact Date Signed (required): Contact Date Signed (required):							

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:

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.

FILING INSTRUCTIONS:

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they 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 Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, 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.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.