FORM 1		STATEMENT OF				2003		
Please print or type your name, mailing address, agency name, and position below	ow:	FINANCIAL	INTERES	STS	\int			
LAST NAME FIRST NAME MIDD	ì	ema B		FOR OFFIC USE ONLY:	_			
MAILING ADDRESS: 2378 GER	han	AVE		1	/D C	/ ode		
FT MY ERS	X	, ID &						
PINEMANOR I		ID/Ñ	o. 3					
NAME OF OFFICE OR POSITION HELD OR SOUGHT: P. Reg. Code								
Board Minber								
CHECK IF 🔲 CANDIDATE OR	<u> </u>	NEW EMPLOYEE OR APPOIN	TEE			हैं। 		
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, 2003 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:								
DECEMBER 31, 2003 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			OR	•		VALUE THRESHOLDS		
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME	NCOME	SOUF	ne reporting person] RCE'S RESS	-	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
RETIREd		Social Security						
		PENSION - C FT MYSRS						
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES F BUSINESS' INCOME	and other sources of inc ADDRES OF SOUR	ss	iness	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
BUSINESS ENTIT	<u> </u>	ROZINESS INCOME	Ur 300n	(CE		ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					nd w	G INSTRUCTIONS for when here to file this form are locathe bottom of page 2.		
				th		RUCTIONS on who must file orm and how to fill it out begin ge 3.		
				0	THE	R FORMS you may need to		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
<u></u>							
				·			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
PART F — INTERESTS IN SPECIF	TED BUSINESSES [OV	wnership or position	ons in certain types of businesses]				
	BUSINESS ENTI	TY # 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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): Lorma DATE SIGNED (required): L-1454							
FILING INSTRUCTIONS:							

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.

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 publicity-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.