FORM 1	STATEM	ENT OF	2002				
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS							
LAST NAME FIRST NAME MIDDLE NO MAILING ADDRESS:	HOMAS 1	FOR OUSE OF	ALY: SE BE TO THE SECOND SECON				
CITY: DAT MY	EBS, FL 3	3906 DB1 -EE	ID Code				
NAME OF AGENCY: 1 LEE COUNTY MAME OF OFFICE OR POSITION HELD OF AGENCY: 2 CITY OF FOR	KOUSING FINA PRISOUGHT: TMYFISS D	OPITY WEE LANNING BOX	Conf. Code P. Reg. Code				
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOIN		7 <i>9[]</i>				
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: 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) THE			R (check one): DOLLAR VALUE THRESHOLDS				
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	SOU	ne reporting person] RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
THE BIACH C	MPANY BE	ALTOM 5					
METAD DANIELS	INC						
BEUITAIX	OAPOARTION	15 12 12 5	WATER AND OF C				
HLL COMMERC		ESTATE L	ISTED IN PHATC				
1	ICOME [Major customers, clients, AME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	p businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
570CKS AT	, , , ,						
MEBAYL LYA	SH ACCOUN	175 FORT	MERS				
PANENESSEI	1						
PART C REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for when							
1499 BEECHWOOD LAND INVESTMEN	79A/L - FTM 57-I-75 \$PA	-FL - KAME LM BFACH	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.				
WRAEHOUSE - 12 96 5300 INTO WAR	OD METAD PR	Y - FTM	OTHER FORMS you may need to file are described on page 6.				
CE FORM 1 - Eff. 1/2003 (Continued on WAPEHOUSE 12, 70	reverse side)	X-IXM-FL	PAGE 1				

PART D — INTANGIBLE PERS TYPE OF INTANG	ONAL PROPERTY (Stocks		of deposit, etc.] JSINESS ENTITY TO WHICH TH	E PROPERTY RELATES	
/NIVESTMEN	175:				
MEARIL LX	NCH I	×R1			
@ PAINWER	RBFB F	m			
	1				
PART E — LIABILITIES [Major NAME OF CREI			ADDRESS OF CR	EDITOR	
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FIRST UNION BANK - 1499 BFFCHWOOD - HOME					
5" 3" 10/7	LIFE (A)	,960 /9	EVAL PITY -	7370 COLLEGE	
C() CU 1/10/17		$S_i \subset U_i$		1310 CORCEDA	
PART F — INTERESTS IN SPEC	CIFIED BUSINESSES [Ow	nership or positions in	certain types of businesses]		
	BUSINESS ENTIT		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	AFAL F	STATE	MUFSTMENT	- SEE "C"	
ADDRESS OF BUSINESS ENTITY	1010				
PRINCIPAL BUSINESS ACTIVITY	THE BI	BCH O	DAIPANX -B	FALTOMS	
ACTIVITY POSITION HELD WITH ENTITY	77 B/	BCH C	DMPANX - PA	FAITURS	
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ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	THE BY 7370 FORT PRESIDE A THROUGH FARE	BCH COLLEGE MYEAS CONTINUED ON	DAPANY - B F PAX # 3 100% NA SEPARATE SHEET, PL	LEASE CHECK HERE	
ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS	1	Buil		LEASE CHECK HERE	

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.

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.

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.