FORM 1	STATEMENT OF			2001				
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS						
LAST NAME FIRST NAME MIDDL BOARD ALAN MAILING ADDRESS: 2704 ETA LEAST CITY: LEAST NAME OF AGENCY: LEAST NAME OF AGENCY: LEAST NAME OF OFFICE OR POSITION HEL COMMISS CHECK IF CANDIDATE OR	John 06 fild St ZIP: COUNTY: 33972 Se Control free D OR SOUGHT:	LEE Screpist		N 3 CE				
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, 2001 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): OR OR OLLAR VALUE THRESHOLDS (new method)								
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	SOU	ne reporting person] RCE'S RESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY				
City of Punka Good		326 UNMARION, Punte Gooda		Municipality				
PART B SECONDARY SOURCES OF INCOME [Major customer NAME OF NAME OF MAJOR SOUF BUSINESS ENTITY OF BUSINESS' INCOM		URCES I ADDRESS		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			E 11 14					
Building lat - No	FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.							
Building lot - Se Commercial 20t-	this fo	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.						
House - 2704 Ethird St. Rehlyl Arr				OTHER FORMS you may need to file are described on page 6.				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
TRA		Personal. ~ Prudential						
Defected Comp		Personal - Nationwide						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR						
 								
		· · · · · · · · · · · · · · · · · · ·						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
NAME OF	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2		BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY								
ADDRESS OF BUSINESS ENTITY	· · · · · · · · · · · · · · · · · · ·							
PRINCIPAL BUSINESS ACTIVITY POSITION HELD				<u></u>				
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): John O, Boardman, p DATE SIGNED (required): 6/29/02								
FILING INSTRUCTIONS:								
WHAT TO FILE: After completing all parts of this signing and dating it, send bac	form, including If y		.E: the form by the Commissi unty Supervisor of Electio		FILE: n local officer/employee, state ecified state employee must file			

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.

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.

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.

