FORM 1	STATEM	STATEMENT OF				
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS						
LAST MAKE FIRST DAME MIDDLE DEBING ADDRESS: MAILING ADDRESS: CITY: NAME OF AGENCY: HALL FROM UNITS NAME OF OFFICE OR POSITION HELL CHECK IF CANDIDATE OR	100 <u>103</u> (15) <u>, zip: county:</u> <u>1</u> - <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1-</u> <u>1</u>	FOR OF USE ON PLACET		RECEIVED 2001-MAY 25 FI 2: 1		
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): Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Comparative (percentage) THRESHOLDS **THIS SECTION MUST BE COMPLETED*** 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): Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Comparative Threesto: Image: Colspan="2">Comparative (PERCENTAGE) THRESHOLDS Image: Colspan="2">Image: Colspan="2">COMPLETED*** Colspan="2">Colspan="2" Colspan="2" Colspan="2" Colspan="2" </td						
PART A PRIMARY SOURCES OF IN	COME [Major sources of income to the second se	ne reporting person]				
NAME OF SOURCE SOURCE'S OF INCOME ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
·····				· · · · · · · · · · · · · · · · · · ·		
			, <u></u> , , <u></u> ,			
	•					
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	۱ ۴	I by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
			OTHER FOR file are descril	RMS you may need to bed on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	Stocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WHI	ICH THE	PROPERTY RELATES		
			<u></u>			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	I	ADDRESS OF CREDITOR				
Sugless Cudd						
		·····				
PART F — INTERESTS IN SPECIFIED BUSINESSES	•					
BUSINESS	SENTITY # 1	BUSINESS ENTITY # 2		BUSINESS ENTITY # 3		
ADDRESS ENTITY						
BUSINESS ENTITY						
ACTIVITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST	<u></u>					
IF ANY OF PARTS A THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLE			
SIGNATURE (required):						
	FILING IN	STRUCTIONS:				
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.	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.		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 employ-			
NOTE: MULTIPLE FILING UNNECESSARY:	Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)		the Se if that their a <i>Candi</i>	Appointees who must be confirmed by enate must file prior to confirmation, even is less than 30 days from the date of appointment. Adates for publicly-elected local office file at the same time they file their		
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a		State officers or specified state employees file with the Commission on Ethics, P.O. Drawer		qualifying papers.		

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.

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.

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.

Thereafter, local officers/employees, state