FORM 1	STATEM		2000					
Not goo! HS FINANCIAL INTERESTS								
LAST NAME — FIRST NAME — MIDDLE NAME		NAME OF REPORTING PE	ERSON'S AGENCY:					
DROWN STEPHEN	ζ							
MAILING ADDRESS:	$\sim$	CHECK ONE OF THE FOLL	LOWING (see "Who Must File" on	nade 3):				
3819 WEST GUL	F DR	LOCAL OFFICE		page 5).				
SANIBEL 33957	1 ,5,5	LOCAL OFFICE	ER STATE OFFICER SPECIFIED STATE E	MPLOYEE				
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITIO	LIST OFFICE OR POSITION HELD OR SOUGHT:					
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, 2000  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  MANNER OF CALCULATING REPORTABLE INTERESTS: 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):  COMPARATIVE (PERCENTAGE) THRESHOLDS (old method)  OR  DOLLAR VALUE THRESHOLDS (new method)								
PART A PRIMARY SOURCES OF INCOME [ NAME OF SOURCE OF INCOME	Major sources of income to th SOURC ADDRI	CE'S DESCRIPTION OF THE SOURCE'S						
MASS MUTUAL INS	HARTFORD	CONN	INSUMME	COLICY				
SOLIAL SECURITY	BALF	MO						
	,—							
RT B SECONDARY SOURCES OF INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS ENTITY OF BUSINESS'S INCOME		and other sources of income to ADDRESS OF SOURCE	PRINCIPAL BU	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
				,				
PART C - REAL PROPERTY [Land, buildings owned by the reporting person]  RESIDENCE ON INAMYSIE LAT NOT			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
	INSTRUCTIONS on who							
	this form and how to fill it on page 3 of this packet.	out begin						
	NEGENERO LE	8	OTHER FORMS you ma					

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE  I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
MUTUAL FUND	· C	Sun	TRUST	BANK	SANIBEL		
VARIOUS PERSON		San	CAP TRI	us-Co			
		SAN	CTHARY				
		SI JOINT VENTURES					
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR					
HOME MORTGAGE		CHASE BANK					
٠,	201500 BANK						
PART F — INTERESTS IN SPEC	FIFIED BUSINESSES [	Ownership or posi	ions in certain types of	f businesses]			
NAME OF	BUSINESS ENT	TTY # 1	BUSINESS EN	TITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF							
BUSINESS ENTITY	i 						
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: High	n R Brow	n		DATE SIGNED:	6/22/01		
FILING INSTRUCTIONS.							

# 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 UNNECES-SARY:

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 file with the Supervisor of Elections of the county in which you 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 your 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, 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, 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, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.