FORM 1	STATEME	2001	
Please print or type your name, mailing address, agency name, and position below	FINANCIAL I	NTERESTS	
MAILING ADDRESS :	ENAME: HMES- CEESE VO STONE SATU	FOR OFF USE ON	
FOAT MYEAS CITY:  VER 4 MAH WEST  NAME OF AGENCY:  NAME OF OFFICE OR POSITION HEL	ZIP: COUNTY:  COMMINITY NEVE.	DISTAICT	ID Code ID No. Conf. Code P. Req. Code
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINTE	E	
DECEMBER 31, 2001  MANNER OF CALCULATING REPOR PRIOR TO 2001, THE THRESHOLDS I VALUES. BEGINNING IN 2001, THE L	LOW WHETHER THIS STATEMENT IS FIND TO THE SPECIFY TO TABLE INTERESTS:  FOR REPORTING FINANCIAL INTEREST.  EGISLATURE HAS ALLOWED FILERST REQUIRES FEWER CALCULATIONS R (check one):	FOR THE PRECEDING TAX YEAR IF OTHER THAN T STS WERE COMPARATIVE, I THE OPTION OF USING REI (see instructions for further de	HE CALENDAR YEAR:USUALLY BASED ON PERCENTAGE
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	ICOME [Major sources of income to the SOURI	CE'S ESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
	OHP 3451 BOURTH BAY BIND	A BOUTH SRITION, EL	REAL ESTATE DEVELOMEN
PART B - SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	PF INCOME [Major customers, clients, and NAME OF MAJOR SOURCES OF BUSINESS' INCOME	nd other sources of income to ADDRESS OF SOURCE	businesses owned by the reporting person]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, B	ouildings owned by the reporting person	and the second s	FILING INSTRUCTIONS for when 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.  OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSO TYPE OF INTANG	DNAL PROPERTY [Stock	ks, bonds, certificate	es of deposit, etc.] BUSINESS ENTITY TO WHICH	THE PROPERTY RELATES	
			· · · · · · · · · · · · · · · · · · ·		
				1	
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		1	ADDRESS OF	CREDITOR	
COUNTRY WIDE H	OME LOADS	CA	LIF.		
GALAC		MIA	1. El.	U S	
HYLLIVIAT MOTOR F.	INANCE CO.	( )	1/IF.		
	,				
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [O	wnership or positions	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				
IF ANY OF PARTS	A THROUGH F ARE	E CONTINUED	ON A SEPARATE SHEET,	PLEASE CHECK HERE	
SIGNATURE (required):	A THROUGH F ARE	e continued of	7	PLEASE CHECK HERE	
SIGNATURE (required):	ned of G	arroll	7		

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/lemployees file with the <u>Supervisor</u> 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.

FORM 1	STATEMENT O	F 200	2001			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	RESTS				
LAST NAME FIRST NAME MIDDLE MAILING ADDRESS:	NAME: AMES, LEESE	FOR OFFICE USE ONLY:  ID Code    D Code	7007 <b>AD</b>			
1.4	NG STONE DR.	I ID Code	<del>0</del>			
NAME OF AGENCY:  VEAANAH WES  NAME OF OFFICE OR POSITION HELD  SUPERVISOR	ZIP: COUNTY:  3912 LEE  T COMMUNITY SEVO: DIS  OR SOUGHT:	ID No.				
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: 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 INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting personal SOURCE'S ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS				
THE DUNTIA BAY GROUP		HTTE 202 REAL ESTAYE	DEVÉ.			
		os of income to businesses owned by the repr DRESS PRINCIPAL SOURCE ACTIVITY C	. BUSINESS			
PART C REAL PROPERTY [Land, build		FILING INSTRUCTION	rm are locat-			
RESIDENCE-17490 5	TEPPINE STONE NA., FORT M	INSTRUCTIONS on we this form and how to fill on page 3.	who must file I it out begin			
		OTHER FORMS you file are described on pa				

PART D — INTANGIBLE PERSO	NAL PROPERTY (Star	oka banda sartifica	too of donocit, etc.]	
TYPE OF INTANGI	IBLE	Lks, bonds, certifica	BUSINESS ENTITY TO WHICH T	HE PROPERTY RELATES
STOCK		AMER	EIFITATE POU	UEA
l t		INENA	13 INTL.	
1 (		WAI	GREENS	_
11		AF NN	AOWER & CIE	SHT PROS TO
				APR C
				PERVISOR
PART E — LIABILITIES [Major d NAME OF CRED		1	ADDRESS OF C	REDITOR L
COUNTRYWIDE HOM	E COANS	A.O. BOX	10329 VAN NUYS	, CA. 9 1410 0229
				7 785
PART F — INTERESTS IN SPECII	FIED BUSINESSES [O	wnership or position	ns in certain types of businesses]	
NAME OF	BUSINESS ENT	TTY # 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): James L Carroll  DATE SIGNED (required): 4-8-02				
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 filling.

## NOTE:

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