ſ	FORM 1	STA	TEMENT O	DF 200
	1	FINANC	IAL INTER	RESTS
	MAILING ADDRESS: 8 15 N, cho/us Cape Corul F CITY: ZIP: DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 2000 MANNER OF CALCULATING REPOR PRIOR TO 2001, THE THRESHOLDS	PKWY PKWY 33914 COUNT COUNT REFINANCIAL INTERESTS FOR ELOW WHETHER THIS STAT OR REFOR REPORTING FINANCE	CHECK ONE CHECK ONE CHECK ONE CLIST OFFICE CLIST OFFICE OR THE PRECEDING TAX TEMENT IS FOR THE PREC SPECIFY TAX YEAR IF O IAL INTERESTS WERE CO	EPORTING PERSON'S AGENCY: Cupe Coral Police Pension Borred OF THE FOLLOWING (see "Who Must File" on page 3): LOCAL OFFICER CANDIDATE STATE OFFICER CANDIDATE SPECIFIED STATE EMPLOYEE E OR POSITION HELD OR SOUGHT: YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON ECEDING TAX YEAR ENDING EITHER (check one): DTHER THAN THE CALENDAR YEAR: JULY 1, 2001 OMPARATIVE, USUALLY BASED ON PERCENTAGE VAL-
	DOLLAR VALUES, WHICH REQUIRE MENT REFLECTS EITHER (check on COMPARATIVE (PERC PART A PRIMARY SOURCES OF NAME OF SOURCE	S FEWER CALCULATIONS e): CENTAGE) THRESHOLDS (0	(see instructions for further of old method) <u>OR</u> (Second Second	DESCRIPTION OF THE SOURCE'S
	OF INCOME City of Care Corn	1 \$15 No	ADDRESS cholas pkny	C.C., F. LAW ENFORCEMENT
	PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	OF INCOME [Major custome NAME OF MAJOR SOL OF BUSINESS'S INC	rs, clients, and other source JRCES A	es of income to businesses owned by the reporting person] ADDRESS PRINCIPAL BUSINESS OF SOURCE ACTIVITY OF SOURCE
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2 2 1				
NOC	PART C REAL PROPERTY {Land,	buildings owned by the report 5 15 0# UI, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	10	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 of this packet. OTHER FORMS you may need to file are described on page 6.

PART D INTANGIBLE PERSONAL PROPERTY [S TYPE OF INTANGIBLE	itocks, bonds, certificate	s of deposit, etc.] BUSINESS ENTITY TO WHIC	CH THE PROPERTY RELATES
NONC			
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PART E — LIABILITIES [Major debts]			
NAME OF CREDITOR			OF CREDITOR
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PART F INTERESTS IN SPECIFIED BUSINESSE		•••	
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BUSINESS ENTITY NONC			
BUSINESS ENTITY PRINCIPAL BUSINESS		۵۳ مار می اور	
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I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
	ARE CONTINUED	ON A SEPARATE SHE	
SIGNATURE:	1	DATE SI	
Dongh Carl		.	6-,29-01
Ī	FILING INS	<u>TRUCTIONS:</u>	
WHAT TO FILE:	WHERE TO FILE		WHEN TO FILE:
After completing all parts of this form, including signing and dating it, send back only the first	on Ethics or a County	e form by the Commission Supervisor of Elections for	Initially, each local officer, state officer, and specified state employee must file within 30
sheet (pages 1 and 2) for filing.	your annual disclosure that location.	e filing, return the form to	days of the date of his or her appointment or of the beginning of employment. Appointees who
	Local officers file	with the Supervisor of	must be confirmed by the Senate must file prior
		r in which you permanently ot permanently reside in	to confirmation, even if that is less than 30 days from the date of their appointment.
NOTE: MULTIPLE FILING UNNECES-	Florida, file with the	Supervisor of the county	Candidates for publicly-elected local office
SARY: Generally, a person who has filed Form 1 for a	where your agency ha	s its neadquarters.) : ified state employees file	must file at the same time they file their quali- fying papers.
calendar or fiscal year is not required to file a sec- ond Form 1 for the same year stringevel, a candi	with the Commission	on Ethics, P.O. Drawer	Thereafter, local officers, state officers, and
date who previously filed Form 1 because of	Candidates file this fo	rm together with your qual-	specified state employees are required to file by July 1st following each calendar year in
another public position must at least file a copy of this or her original Form 1 when dualitying:	ifying papers.	in logen er win your quar	which they hold their positions.
UPERVISOR OF	S To determine wh	hat category your position Who Must File" Instructions	Finally, at the end of office or employment each local officer, state officer, and specified
BECEIVED	on page 3.		state employee is required to file a final disclo- sure form (Form 1F) within 60 days of leaving office or employment.

FORM 1 STATEM		'INANCIAL	
THIS STATEMENT REFLECTS MY FINANCIAL INT PRECEDING TAX YEAR ENDING: CHECK EITHER OR SPECIFY TAX YEAR	R IF OTHER	NAME OF YOUR AGEN Cape Coral To	NCY: V Elicements Retirement System
DECEMBER 31, 1999 2000 THAN THE CALENDAR	YEAR:		
AST NAME - FIRST NAME - MIDDLE NAME:	1	CHECK ONE OF THE F	OLLOWING CATEGORIES:
Christiansen Douglas Llo. MAILING ADDRESS:	yd	- IOCAL OFFICER	STATE OFFICER 🗖 CANDIDATE
815 Nicholas Privily		SPECIFIED STATE	EMPLOYEE
Cope Coral 33915	COUNTY:	LIST OFFICE OR POSIT	TION HELD OR SOUGHT:
NOTICE: Under provisions of Se	c. 112.317. Flo	orida Statutes. a	failure to make any required o
NOTICE: Under provisions of Se closure constitutes grounds for fication from being on the ballo ment, demotion, reduction in sal	and may be pu	inished by one o	r more of the following: disqu
ment. demotion. reduction in sal	i, impeachmer arv. reprimand	t, removal or su . or a civil penalt	spension from office or employ not exceeding \$10.000.
PART A - PRIMARY SOURCES OF INCOME [Sou	-	-	
NAME OF SOURCE OF INCOME	A	OURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
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ity of Cope Coral (Pence Dept.)	Cape Coul F	1 33915"	Law Entercement
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PART B SOURCES OF INCOME TO BUSINESS	SES OWNED BY THE F	REPORTING PERSON [M	ajor customers, clients, etc.]
PART B SOURCES OF INCOME TO BUSINESS NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	s	REPORTING PERSON [M OURCE'S ADDRESS	DESCRIPTION OF THE SOURCE
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	s	OURCE'S	DESCRIPTION OF THE SOURCE PRINCIPAL BUSINESS ACTIVITY
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NAME OF SOURCE OF BUSINESS ENTITY'S INCOME NEWE	s	OURCE'S	DESCRIPTION OF THE SOURCE PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME אלנאנ PART C — REAL PROPERTY [Land, buildings]	s	OURCE'S	DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME אלנאנ PART C — REAL PROPERTY [Land, buildings]	s	OURCE'S	DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY

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TYPE OF INTANGIBL	E	BUSINESS ENTITY TO WHICH T	THE PROPERTY RELATES
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PART E - LIABILITIES IN EXC	ESS OF NET WORTH [Major debts]		
NAME OF CREDI Sun Crast Schools feele		ADDRESS OF CI	REDITOR
Our Ceast Officers rece	The Charles Prog	ws FL. 33407	

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PART F INTERESTS IN SPECI	FIED BUSINESSES [Ownership or po	sitions in certain types of businesses]	
PART F INTERESTS IN SPECI	FIED BUSINESSES [Ownership or po BUSINESS ENTITY # †	sitions in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF	· · · · ·		BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY ADDRESS OF	BUSINESS ENTITY # †		BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # †		BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS	BUSINESS ENTITY # †		BUSINESS ENTITY # 3
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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	BUSINESS ENTITY # T	BUSINESS ENTITY # 2	

FILING INSTRUCTIONS FOR FORM 1

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: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

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.

WHERE TO FILE: 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 Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. **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. If you were mailed the form by the Secretary of State or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

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.

Thereafter, *local officers, state officers,* and *specified state employees* are required to file by July 1st following each calendar year they hold their positions. *Candidates* for publicly-elected state or local office must file at the same time they file their qualifying papers.

(Continued on p.3)

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