FORM 1	STATEM	ENT OF		2001		
Please print or type your name, mailing address, agency name, and position below:  FINANCIAL INTERI			F			
LAST NAME FIRST NAME MIDDLE N ( AMC Jean A MAILING ADDRESS:	Di Berlie Hor	FOR O				
9 JACKSON AVE	<i>V</i>		IDC	ode S 2		
NAME OF AGENCY:  LE COLENTY  NAME OF OFFICE OR POSITION HELD OF AGENCY  MANUEL OF OFFICE OR POSITION HELD OF AGENCY  MANUEL OF AGENCY  MAN	OR SOUGHT :	FICE		RECEIVED  2007 AUS 30 PH 5: 05  Code Code Code eg. Code		
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 INCOME [Major sources of income to the reporting person]  NAME OF SOURCE  OF INCOME  ADDRESS				SCRIPTION OF THE SOURCE'S KINCIPAL BUSINESS ACTIVITY		
Lee County Shere	43 147 50 SIX	mile (xpless	(	AN ENF		
office	FAMYERS	R				
				<del></del>		
BUSINESS ENTITY	NCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
Aruba Pools		9 JACKSON	Ack			
		(ehigh		(1001 Const.		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]  SNOTTER TO MOSTAVE AND THE PROPERTY [Land, buildings owned by the reporting person]			and w	IG INSTRUCTIONS for when here to file this form are locat-		
SO: 3 114 OE JUA SOUS			INST	RUCTIONS on who must file orm and how to fill it out begin		
RECEIVED			отні	ER FORMS you may need to e described on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE  J BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
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]					
BUSINESS ENT	ITY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ALLA POO	15				
ADDRESS OF 9 JACKSON AUS BUSINESS ENTITY LENGTH					
PRINCIPAL BUSINESS ACTIVITY Swinking	Do 1 (2001)				
POSITION HELD VITH ENTITY	100				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS 50 0		<del></del>			
NATURE OF MY OWNERSHIP INTEREST SPA US A					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):  DATE SIGNED (required):  8-29-02					

## 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 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.

# **FILING INSTRUCTIONS:**

### 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/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.

### 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 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.