FORM 1		STATEMENT OF				2002	
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL INTEREST					
LAST NAME FIRST NAME MIDE Clemens Robert MAILING ADDRESS :	GEN			FOR OFF USE ONL	ICE Y:		
1780 Emerald Gove Circle					ID Code(	Z P	
CAPE GORAL FL 33991 Lee CITY: ZIP: COUNTY:					D No.	DOWN OF THE DOWN O	
NAME OF AGENCY:  Lea County Board	1 of C	$\bigvee$	Conf. Cod	de Transition			
NAME OF OFFICE OR POSITION HI LEA / ESTATE ACA		P. Req. C	ode S				
CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE						V	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200  MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILE REQUIRES FEWER CALCULATION	ELOW WH D2 RTABLE H RS THE S, OR US	ETHER THIS STATEMENT IS  OR SPECIFY  NTERESTS: OPTION OF USING REPORE SING COMPARATIVE THRES	ECEDING TAX YEA FOR THE PRECED TAX YEAR IF OTHE TING THRESHOLD HOLDS, WHICH AR	AR, WHETHE DING TAX YE ER THAN TH OS THAT AR RE USUALLY	EAR ENDING HE CALENDA RE ABSOLU / BASED ON	GEITHER (check one):  AR YEAR:  TE DOLLAR VALUES, WHICH  N PERCENTAGE VALUES (see	
instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECT  COMPARATIVE (PERCENTAGE) THRESHOLDS  OR					,	JE THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person NAME OF SOURCE SOURCE'S ADDRESS			RCE'S			PTION OF THE SOURCE'S PAL BUSINESS ACTIVITY	
Lee County Board of County Commission					Govern	1	
		, , , , ,			Real Estate		
Despri LAMY Lore		922 SW 48th Terr, #112, Cape Coral, St. 33914 2919 SW 20th Street, Cape Bred, Fil 33914			Les dentiel Lot		
<u>'</u>							
NAME OF , NAMI		ME [Major customers, clients, and other sources of E OF MAJOR SOURCES ADDR. BUSINESS' INCOME OF SOU		RESS	ousinesses o	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
-							
PART C REAL PROPERTY [Land, buildings owned by the reporting person]  Residential Lot - 1028 SE 4th Street, Cyce Graf, FL 33990  Residential Lot - 1215 SE 5th Tenace, Cape Corn, FL 33990					and where ed at the t	NSTRUCTIONS for when to file this form are locatoottom of page 2.  CTIONS on who must file and how to fill it out begin	
					on page 3		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE   BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
SavingsAcrount	SINCOAC	Suncoast Schools Federal Credit Union					
ILA	Wachov	Wachovica Bank					
TRA	American	Anexican Twenty First Century					
TLA	Fidelity	Fidelity					
Deferred Compensation-Letinem	ent Nationer.	Natione de Cetirement Solutions					
,	ĺ	<u> </u>					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	1	ADDRESS OF CREDITOR					
Atlantic StatesBank - Matness	P.O. Box	P.O. Box 28231 Raleigh NC 27611-8231					
Wackington Mutual-Motoge	٠ ٨ ١	P.O. Box 47524, SAN ANTONIO, TX 78265-7524					
Honda Financial Service - Car Port P.O. Box 1027, Alpharetta, GA 30009-1027							
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	IESS ENTITY # 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): Sheet Clamer	m	DATE SIGNED (required):					
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 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:

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.

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