FORM 1

STATEMENT OF

2002

Please print or type your name, mailing address, agency name, and position below

FINANCIAL INTERESTS

address, agency name, and position bel		TINANCIA	Z II I I ZZKI	010	
LAST NAME FIRST NAME MIDE CLEMONS ELIN MA	OLE NAME UREEN			FOR OFFICE USE ONLY:	
MAILING ADDRESS :				(A)	02 PE 23 -
7256 COCA SABAL LANE				(//	
				1	10 26de
CITY:	ZIP :	COUNTY :			ID No.
FORT MYERS	3390)8 LEE	Manufalina da		ID NO.
NAME OF AGENCY:		0.7.0.7.0.7.0.0			Conf Code
LEE COUNTY BOARD OF COU			TURAL RESOURCES	1	
NAME OF OFFICE OR POSITION HI FISCAL MANAGER	ELD OR SC	JUGHI:			P. Req. Code 5:
CHECK IF CANDIDATE OR	☐ NE	EW EMPLOYEE OR APP	OINTEE		
		***************************************	MUCT DE COMPLETE	.++	
DISCLOSURE PERIOD:		"THIS SECTION I	MUST BE COMPLETED)^ "	
THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE					BASED ON A CALENDAR YEAR OR ON RENDING EITHER (check one):
DECEMBER 31, 20	02 <u>C</u>	OR 🗖 SPEC	IFY TAX YEAR IF OTHE	ER THAN THE (CALENDAR YEAR:
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COMPARATIVE (PERCENTAGE)			OR		LAR VALUE THRESHOLDS
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE 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 ENTI		′#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):



DATE SIGNED (required): 6/28/03

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 posi-

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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