FORM 1 STATEMENT OF			2002		
Please print or type your name, mailing address, agency name, and position be		INTERESTS			
LAST NAME FIRST NAME MIDI Coleman MAILING ADDRESS : , 106 3 5T. FT. MY 205 CITY : NAME OF AGENCY :	DLE NAME: Lec A Page PK 33907 Lec ZIP: COUNTY:	FOR OFF	Y: ID Code ID No. ID No.		
NAME OF OFFICE OR POSITION HELD OR SOUGHT :			Conf. Code		
CHECK IF 🔲 CANDIDATE OR		TEE			
A FISCAL YEAR. PLEASE STATE B DECEMBER 31, 20 MANNER OF CALCULATING REPO THE LEGISLATURE ALLOWS FILE REQUIRES FEWER CALCULATION	BELOW WHETHER THIS STATEMENT IS 002 <u>OR</u> SPECIFY T ORTABLE INTERESTS: ERS THE OPTION OF USING REPORT NS, OR USING COMPARATIVE THRESH ASE STATE BELOW WHETHER THIS STA	RECEDING TAX YEAR, WHETHE FOR THE PRECEDING TAX YE TAX YEAR IF OTHER THAN TH TING THRESHOLDS THAT AR HOLDS, WHICH ARE USUALLY ATEMENT REFLECTS EITHER (E CALENDAR YEAR: RE ABSOLUTE DOLLAR VALUES, WHICH BASED ON PERCENTAGE VALUES (see		
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Disapility Social	Security				
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	S OF INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to be ADDRESS OF SOURCE	o businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are locat- ed 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		
			OTHER FORMS you may need to file are described on page 6.		

CE FORM 1 - Eff. 1/2003 (Continued on reverse side)

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
				(0)			
				2003 F			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
		<u></u>					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	ESS ENTITY # 1			USINESS 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): 'Iel Calence DATE SIGNED (required): 4-23-07							
FILING INSTRUCTIONS:							
WHAT TO FILE: After completing all parts of this form, including signing and dating it, send back only the firs sheet (pages 1 and 2) for filing.	If you were mailed on Ethics or a Co for your annual dis to that location.	mont Appointoon who must be confirmed by					
		of Elections of the county in which they perman		nt. Appointees who must be contirmed by Senate must file prior to confirmation, even hat is less than 30 days from the date of			

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.

nently 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.

it 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.

