FORM 1	STATEMEN	NT OF	2002				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL II	FINANCIAL INTERESTS					
LAST NAME FIRST NAME MIDDLE  O O O O Carmer  MAILING ADDRESS:  10670 Canal	NAME: ) {	FOR OF USE ON	2000 J				
ft myers	F/33968 Le e county:		ID No.				
NAME OF AGENCY:  NAME OF OFFICE OR POSITION HELD	OR SOUGHT:		Conf. Code S				
CHECK IF CANDIDATE OR	☐ NEW EMPLOYEE OR APPOINTEE						
**THIS SECTION MUST BE COMPLETED**  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, 2002 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  MANNER OF CALCULATING REPORTABLE INTERESTS:  THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see							
instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]  NAME OF SOURCE  OF INCOME  ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Chartwells	1811 Golkge Pa	Luky FM.	food Service				
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	INCOME [Major customers, clients, and control of MAJOR SOURCES OF BUSINESS' INCOME	other sources of income to ADDRESS OF SOURCE	businesses owned by the reporting person]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE				
PART C REAL PROPERTY [Land, bu	ildings sweed by the repetting person!		FILING INSTRUCTIONS for when				
PART C REAL PROPERTY (Land, Su			and where to file this form are located at the bottom of page 2.				
NA.			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
			OTHER FORMS you may need to file are described on page 6.				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE , BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
		, , ,					
\ \	/						
V							
	170						
			<del></del>				
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR					
h /							
4							
					<del></del>		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
NAME OF	BUSINESS ENTITY	<u>"#1</u>	BUSINESS ENTITY # 2		BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF							
BUSINESS ENTITY	V/						
PRINCIPAL BUSINESS ACTIVITY			<del> </del>				
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	i						
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): 4 - 2 - 0 ?							

## 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.