FORM 1	2002						
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS					
LAST NAME FIRST NAME MIDDLE NAME : Cooper, Leo - MAILING ADDRESS :			FOR OFFICE USE ONLY:				
7083 Cedarhurst Dr	•• S•W•		I ID Code				
Fort Myers, CITY:	33919 Lee ZIP : COUNTY :		ID No.				
NAME OF AGENCY :	<u></u>	an a					
Affordable Hous NAME OF OFFICE OR POSITION HE			Conf. Code P. Req. Code				
CHECK IF 🔲 CANDIDATE OR	NTEE						
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):							
			DOLLAR VALUE THRESHOLDS				
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S OF INCOME ADDRESS) DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Pension & Soc Sec			U.S. Gov.				
PART B SECONDARY SOURCES (NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
PART C REAL PROPERTY [Land,	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 file are described on page 6.						

PART D — INTANGIBLE PERSO TYPE OF INTANG	-	ocks, bonds, certifi			CH THE P	ROPERTY RELATES		
Municipal Bonds		Various	counties					
	<u></u>			<u> </u>				
		+						
					<u> </u>			
		1						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			ADDRESS OF CREDITOR					
None								
			<pre></pre>					
				\leq				
PART F — INTERESTS IN SPECI	FIED BUSINESSES [(Ownership or posi	tions in certain type:	s of businesses]			
	BUSINESS EN	NTITY # 1	BUSINES	SS ENTITY # 2		BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY Non	e None							
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS ACTIVITY								
POSITION HELD WITH ENTITY					\frown	<pre></pre>		
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 SI	GNED (ree	quired):		
Leo Cooper	hun	6/2/03						
SIGNATURE (required): Leo Cooper // //// 6/2/03 FILING INSTRUCTIONS:								
WHAT TO FILE:WAfter completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.If yononforfor		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.		<i>Initially</i> officer, a <i>within</i> appointr	N TO FILE: r, each local officer/employee, state and specified state employee must file 30 days of the date of his or her ment or of the beginning of employ- Amaintee who must be confirmed by			
of ner NOTE: in I		Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)		the Sena if that is their app	Appointees who must be confirmed by ate must file prior to confirmation, even s less than 30 days from the date of pointment. ates for publicly-elected local office			

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.

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.

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.