FORM 1 STATEMENT OF						2002		
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS								
LAST NAME FIRST NAME MIDDLE NAME : 57201 Jon Carl MAILING ADDRESS : 13213 4th St						ode UP 201		
CITY : F. M. YOY3 NAME OF AGENCY :	ZIP							
NAME OF OFFICE OR POSITION HELD OR SOUGHT: <u>FF Myors Shores Fire Protection and Rescue Service Distric</u> <u>CHECK IF</u> CANDIDATE OR INEW 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): Image: December 31, 2002 OR Image: Specify Tax Year if other than the calendar year: Image: December 31, 2002 OR Image: Specify Tax Year if other than the calendar year: Image: December 31, 2002 OR Image: Specify Tax Year if other than the calendar year: Image: December 31, 2002 OR Image: Specify Tax Year if other than the calendar year: Image: December 31, 2002 OR Image: Specify Tax Year if other than the calendar year: Image: December 31, 2002 OR Image: Specify Tax Year if other than the calendar year: Image: December 31, 2002 OR Image: Specify Tax Year if other than the calendar year: Image: December 31, 2002 OR Image: Specify Tax Year if other than the calendar year: Image: December 31, 2002 OR Image: Specify Tax Year if other than the calendar year: Image: December 31, 2002 OR Image: Specify Tax Year if other than the calendar year: Image: Specify Tax Year if other than the calendar year: <td< td=""></td<>								
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME ADDRESS						SCRIPTION OF THE SOURCE'S		
illes in the same		2901 Cargo st	Ftmycos FL					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sound of the sound of		i ADDR	of income to busino DRESS SOURCE		inesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
				**** •••••••••••••••••••••••••••••••••				
PART C REAL PROPERTY [Land,	buildings	owned by the reporting persor	נו 		and w ed at t	IG INSTRUCTIONS for when here to file this form are locat- the bottom of page 2. RUCTIONS on who must file orm and how to fill it out begin ge 3.		
						ER FORMS you may need to e 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							
· · · · · · · · · · · · · · · · · · ·							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
	<u> </u>						
	. <u></u>						
ا النار کار را می کمر اندر اندر این می می می در			·				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS 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):	C. Detel		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.