	- ACTOR OF	y <sup>¢</sup>						
FORM 1	Service Servic	STATEM	2000					
FINANCIAL INTERESTS								
LAST NAME — FIRST NAME — MIDDLE NAME:			NAME OF REPORTING PERSON'S AGENCY:					
DICKERSON, RICHARD, ALLEN								
MAILING ADDRESS:			SANIBEL FIRE AND RESCUE DISTRIC					
2351 PALM RIDGE ROAD			CHECK <u>ONE</u> OF THE FOLLOWING (see "Who Must File" on page 3):					
			LOCAL OFFICE CANDIDATE	ER 🔲	STATE OFFICER SPECIFIED STATE EMPLOYEE			
CITY: ZIP:		COUNTY:	LIST OFFICE OR POSITION HE		OR SOUGHT:			
SANIBEL 339	57	LEE	_ CHIEF OF FIRE					
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, 2000  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS (old method)  OR  DOLLAR VALUE THRESHOLDS (new method)								
PART A PRIMARY SOURCES OF INCOME [I NAME OF SOURCE OF INCOME		[Major sources of income to the reporting person] SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
NONE								
······································								
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS'S INCOME		and other sources of income to business  ADDRESS  OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
NONE								
				<del></del>				
PART C REAL PROPERTY [Land	, buildings	owned by the reporting person	when and where to file this form a located at the bottom of page 2.		and where to file this form are ed at the bottom of page 2.			
		el nut	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.					
				<b>.</b>	-			

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  J BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
NATION WIDE MUTUAL								
FUND								
		**						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR						
TEMPLE-INLAND MORTGAGE		P.O. BOX 40						
CORP.		AUSTIN, TX 78767						
FIRST USA BANK		PO.BOX 5939, CAROL STREAM, IL. GO197						
G.E. CAPITAL MORTGAGE		PO. Box 29330						
+ FINANCIAL		PHOENIX AZ 85038						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
<u> </u>	ΓΙΤΥ # 1	BUSINES	S ENTITY # 2	BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY	NONE							
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: Rishel	ADih	~~~	DATE SIGNED: 6-/6-01					
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 UNNECES-SARY:

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 file with the Supervisor of Elections of the county in which you 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 your 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, 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, 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, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.