FORM 1

STATEMENT OF

2002

address, agency name, and position below:	FINANCIAL	INTERESTS			
LAST NAME FIRST NAME MIDDLE NAM	E :	FOR OF	FICE		
English Katherine	Ruth	USE ON	ILY:		
MAILING ADDRESS :			(NOL)		
13131 Corbel Circle, Apartme	nt 322		ID Code 20		
		•	R 급 70		
CITY: ZIP	: COUNTY:		SEVICE O		
Fort Myers 3390	7 Lee		ID No.		
NAME OF AGENCY :			Conf. Code		
Pine Air Lakes CDD			Conf. Code		
NAME OF OFFICE OR POSITION HELD OR	SOUGHT:		P. Req. Code		
Local Officer			P. Req. Code ??		
CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE					
	THIS SECTION MUS	T DE COMDI ETED			
DISCLOSURE PERIOD:					
THIS STATEMENT REFLECTS YOUR FINANG A FISCAL YEAR. PLEASE STATE BELOW W			HER BASED ON A CALENDAR YEAR OR ON YEAR ENDING EITHER (check one):		
■ DECEMBER 31, 2002	OR SPECIFY	TAX YEAR IF OTHER THAN T	HE CALENDAR YEAR:		
MANNER OF CALCULATING REPORTABLE	INTERESTS:				
			ARE ABSOLUTE DOLLAR VALUES, WHICH LY BASED ON PERCENTAGE VALUES (see		
instructions for further details). PLEASE STAT					
COMPARATIVE (PERCENTAGE) THR	ESHOLDS <u>(</u>	OR 🚨	DOLLAR VALUE THRESHOLDS		
PART A PRIMARY SOURCES OF INCOME	[Major sources of income to the	e reporting person]			
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	[Major sources of income to the SOUR ADDR	RCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
NAME OF SOURCE	SOUR	RCE'S	PRINCIPAL BUSINESS ACTIVITY		
NAME OF SOURCE OF INCOME	SOUF ADDF	RCE'S RESS			
NAME OF SOURCE OF INCOME	P.O. Drawer 1507	RCE'S RESS	PRINCIPAL BUSINESS ACTIVITY		
NAME OF SOURCE OF INCOME	P.O. Drawer 1507	RCE'S RESS	PRINCIPAL BUSINESS ACTIVITY		
NAME OF SOURCE OF INCOME Pavese Law Firm	P.O. Drawer 1507 Fort Myers, FL 3	RCE'S RESS	PRINCIPAL BUSINESS ACTIVITY Law Firm		
NAME OF SOURCE OF INCOME Pavese Law Firm PART B SECONDARY SOURCES OF INCOME	P.O. Drawer 1507 Fort Myers, FL 33	RCE'S RESS 3902 and other sources of income to	PRINCIPAL BUSINESS ACTIVITY Law Firm businesses owned by the reporting person]		
PART B SECONDARY SOURCES OF INCOME NAME OF NAME	P.O. Drawer 1507 Fort Myers, FL 3	RCE'S RESS	PRINCIPAL BUSINESS ACTIVITY Law Firm		
NAME OF SOURCE OF INCOME Pavese Law Firm PART B SECONDARY SOURCES OF INCOME NAME OF NAME	P.O. Drawer 1507 Fort Myers, FL 33 DME [Major customers, clients, and the OF MAJOR SOURCES]	RCE'S RESS 3902 and other sources of income to ADDRESS	PRINCIPAL BUSINESS ACTIVITY Law Firm businesses owned by the reporting person] PRINCIPAL BUSINESS		
NAME OF SOURCE OF INCOME Pavese Law Firm PART B SECONDARY SOURCES OF INCOME NAME OF NAME	P.O. Drawer 1507 Fort Myers, FL 33 DME [Major customers, clients, and the OF MAJOR SOURCES]	RCE'S RESS 3902 and other sources of income to ADDRESS	PRINCIPAL BUSINESS ACTIVITY Law Firm businesses owned by the reporting person] PRINCIPAL BUSINESS		
NAME OF SOURCE OF INCOME Pavese Law Firm PART B SECONDARY SOURCES OF INCOME NAME OF NAME	P.O. Drawer 1507 Fort Myers, FL 33 DME [Major customers, clients, and the OF MAJOR SOURCES]	RCE'S RESS 3902 and other sources of income to ADDRESS	PRINCIPAL BUSINESS ACTIVITY Law Firm businesses owned by the reporting person] PRINCIPAL BUSINESS		
NAME OF SOURCE OF INCOME Pavese Law Firm PART B SECONDARY SOURCES OF INCOME NAME OF NAME	P.O. Drawer 1507 Fort Myers, FL 33 DME [Major customers, clients, and the OF MAJOR SOURCES]	RCE'S RESS 3902 and other sources of income to ADDRESS	PRINCIPAL BUSINESS ACTIVITY Law Firm businesses owned by the reporting person] PRINCIPAL BUSINESS		
PART B SECONDARY SOURCES OF INCOME NAME OF NAME OF NAME OF SUSINESS ENTITY	P.O. Drawer 1507 Fort Myers, FL 33 DME [Major customers, clients, and the OF MAJOR SOURCES F BUSINESS' INCOME	RCE'S RESS 3902 and other sources of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY Law Firm businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NAME OF SOURCE OF INCOME Pavese Law Firm PART B SECONDARY SOURCES OF INCOME NAME OF NAME	P.O. Drawer 1507 Fort Myers, FL 33 DME [Major customers, clients, and the OF MAJOR SOURCES F BUSINESS' INCOME	RCE'S RESS 3902 and other sources of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY Law Firm businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when and where to file this form are locat-		
PART B SECONDARY SOURCES OF INCOME NAME OF NAME OF NAME OF SUSINESS ENTITY	P.O. Drawer 1507 Fort Myers, FL 33 DME [Major customers, clients, and December of MAJOR SOURCES of BUSINESS' INCOME	RCE'S RESS 3902 and other sources of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY Law Firm businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when		
PART B SECONDARY SOURCES OF INCOME PART B SECONDARY SOURCES OF INCOME NAME OF	P.O. Drawer 1507 Fort Myers, FL 33 DME [Major customers, clients, and December of MAJOR SOURCES of BUSINESS' INCOME	RCE'S RESS 3902 and other sources of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY Law Firm businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file		
PART B SECONDARY SOURCES OF INCOME PART B SECONDARY SOURCES OF INCOME NAME OF	P.O. Drawer 1507 Fort Myers, FL 33 DME [Major customers, clients, and December of MAJOR SOURCES of BUSINESS' INCOME	RCE'S RESS 3902 and other sources of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY Law Firm businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				THE PROPERTY RELATES	
	SISSE SOUNDESS ENTIT TO WHICH THE TROPERTY RELATES				
	1				
					
PART E — LIABILITIES [Major					
NAME OF CREDITOR		ADDRESS OF CREDITOR			
AES Graduate Loan Center		AES, GLC, P.O. Box 8155, Harrisburg, PA 17105-8155			
<u></u>					
PART F — INTERESTS IN SPEC	CIFIED BUSINESSES [Own	nership or posi	tions in certain types of businesses]		
	J BUSINESS ENTIT	Υ#1	I BUSINESS ENTITY # 2	I BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	English Family Partnership		Pavese Law Firm	South Education and the second	
ADDRESS OF BUSINESS ENTITY	20/5 S. 1st St.,	,			
PRINCIPAL BUSINESS	Fort Myers, FL		P.O. Drawer 1507		
ACTIVITY POSITION HELD	Agriculture		Law Firm		
WITH ENTITY I OWN MORE THAN A 5%	Limited Partner		Attorney		
INTEREST IN THE BUSINESS	Yes		No		
NATURE OF MY OWNERSHIP INTEREST	Limited Partner		Partner		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):		1//	DATE SIGN	NED (required): $(a/3D/07)$	

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.

PAGE 2

CE FORM 1 - Eff. 1/2003

FORM I		STATEMENT OF			2002	
Please print or type your name, mailing address, agency name, and position belo	w: -	FINANCIAL INTERI	ESTS			
LAST NAME FIRST NAME MIDDI	E NAME	:	FOR OF	FICE		
English Kather	rine	Ruth	USE ONI	LY:	20 SU	
MAILING ADDRESS :					7. 2003 - Super	
13131 Corbel Circle, Ag	partme	nt 322	_	ı ID Co	ide V E O	
				10 00	SUPERVISOR OF LECTIONS Code Code	
CITY:	ZIP :	COUNTY:		ID No	7	
Fort Myers	33907			2 2		
NAME OF AGENCY :				Conf	Code 2 3	
Smart Growth Advisory (
NAME OF OFFICE OR POSITION HE Local Officer	LD OR S	OUGHT :		P. Re	q. Code	
CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE						
DISCLOSURE PERIOD:		**THIS SECTION MUST BE COMPLETE	D**			
THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE	LOW WH	AL INTERESTS FOR THE PRECEDING TAX YE ETHER THIS STATEMENT IS FOR THE PRECE	DING TAX Y	EAR EN	DING EITHER (check one):	
DECEMBER 31, 200	2	OR SPECIFY TAX YEAR IF OTH	HER THAN T	HE CALE	NDAR YEAR:	
REQUIRES FEWER CALCULATIONS	RS THE S, OR US	NTERESTS: OPTION OF USING REPORTING THRESHOL ING COMPARATIVE THRESHOLDS, WHICH A BELOW WHETHER THIS STATEMENT REFLE	RE USUALL	Y BASE[O ON PERCENTAGE VALUES (see	
COMPARATIVE (PERCENTAGE)					VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME	NCOME	[Major sources of income to the reporting person SOURCE'S ADDRESS	i] 		CRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY	
Pavese Law Firm		P.O. Box 1507		Law E	ri rm	
		Fort Myers, FL 33902			Maria At Manager	
		ME [Major customers, clients, and other sources		business		
NAME OF BUSINESS ENTITY			ORESS OURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Doomedo En III						
PART C REAL PROPERTY [Land,	buildings	owned by the reporting person]		FILIN	IG INSTRUCTIONS for when	
- condu					here to file this form are locat- the bottom of page 2.	
Citrus Grove and Cattle	Past	ıre in Lee County, Florida			-	
					RUCTIONS on who must file	
				this fo	orm and how to fill it out begin ge 3.	
					_	
					ER FORMS you may need to e described on page 6.	

PART D — INTANGIBLE PERS TYPE OF INTAN	SONAL PROPERTY [Stoc GIBLE	ks, bonds, certif	icates of deposit, etc.] BUSINESS ENTITY TO WHICH TH	E PROPERTY RELATES	
***************************************	45,464				
PART E — LIABILITIES [Major NAME OF CRE			ADDRESS OF CR	EDITOR	
AES Graduate Loan Center		AES, GLC, P.O. Box 8155, Harrisburg, PA 17105-8155			
PART F — INTERESTS IN SPEC	CIFIED BUSINESSES [Ov	vnership or posit	ions in certain types of businesses]		
	BUSINESS ENTI		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	English Family Ltd Partnership		Pavese Law Firm		
ADDRESS OF BUSINESS ENTITY	2075 West 1st Street Fort Myers, FL 33901		P.O. Drawer 1507 Fort Myers, FL 33902		
PRINCIPAL BUSINESS ACTIVITY	Agriculture		Law Firm		
POSITION HELD WITH ENTITY	Limited Partner		Partner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		No		
NATURE OF MY OWNERSHIP INTEREST	Limited Partner		Partner		
IE ANY OF PARTO					

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

06/30/03

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