FORM 1	STATEM	ENT OF	2001				
Please print or type your name, mailing address, agency name, and position bel	w: FINANCIAL	INTERESTS					
LAST NAME FIRST NAME MIDE Ferrell Toni MAILING ADDRESS:	Lee	FOR OI USE OI		S 200			
1473 Barcelona Ave			ı ID Code				
	/		1.5 0000				
Ft Myers FL	zip: county: 33901 Lee	1	ID No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
NAME OF AGENCY: Lee County High NAME OF OFFICE OR POSITION HI	1	Board	Conf. Co	de 07 22			
_	enbu (Local officer		P. Req. (Code			
CHECK IF CANDIDATE OR	·	,					
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, 2001 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 NAME OF SOURCE OF INCOME		ne reporting person] RCE'S RESS		IPTION OF THE SOURCE'S IPAL BUSINESS ACTIVITY			
Ferrall Sanford Studio Inc 2021 West First ST PAMy			15FC 33901 Arshitecture				
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of NAME OF NAME OF MAJOR SOURCES ADD BUSINESS ENTITY OF BUSINESS' INCOME OF SO			businesses o	owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Ferrall Sanford Studio Luc	SPRINT	555 Lake Border Dr. Angera FL 32703		elummuni cafins			
Dr. Hardy		Hinsdale tu 60521		retired- private citizm			
PART C REAL PROPERTY [Land	buildings owned by the reporting perso	n}	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.				
1. (8				CTIONS on who must file and how to fill it out begin 3.			
				FORMS you may need to			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
N/a nwhim	Find	N/A - personal					
		The state of the					
		l					
PART E — LIABILITIES [Major NAME OF CRE	ADDRESS OF CREDITOR						
WOME KADA		Him Mortgage					
The state of the s							
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
BUSINESS ENT		TTY # 1	BUSINESS ENTIT	Υ#2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	NIA						
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): DATE SIGNED (required): 4 June 202							
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.