FORM 1	1 STATEMENT OF				2002			
Please print or type your name, mailing address, agency name, and position belo	w: ]	INTERESTS	s					
LAST NAME FIRST NAME MIDDI	E NAME	FOR C	DFFICE					
MAILING ADDRESS:	<u> </u>	035.0	INLT:	/				
9398 Preapple	140		I ID C	ogle				
			1/					
CITY:	ZIP: 330	e	ID N	0. :				
NAME OF AGENCY:	7 1		Conf	. Code				
NAME OF OFFICE OR POSITION HE	LD OR SO	1		eq/Code				
Division Diec	ter-	t	\_					
CHECK IF CANDIDATE OR NEW 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):  DECEMBER 31, 2002  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:								
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER			TING THRESHOLDS THAT	ARE ABS	OLUTE DOLLAR VALUES, WHICH			
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):								
COMPARATIVE (PERCENTAG	E) THRES	SHOLDS	OR 🔲	DOLLAR	VALUE THRESHOLDS			
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME		[Major sources of income to the reporting person] SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Hare								
		Pilling Was a Milling Was						
PART B SECONDARY SOURCES ON NAME OF		ME [Major customers, clients, a E OF MAJOR SOURCES	and other sources of income t  ADDRESS	o business	es owned by the reporting person]  PRINCIPAL BUSINESS			
BUSINESS ENTITY	OF BUSINESS' INCOME OF		OF SOURCE		ACTIVITY OF SOURCE			
Pone								
PART C REAL PROPERTY [Land,		1]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2					
None suites			4	the bottom of page 2.				
	d Z-			RUCTIONS on who must file orm and how to fill it out begin ge 3.				
(ED)	MEU			ER FORMS you may need to				

PART D — INTANGIBLE PERSO TYPE OF INTANG		cks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
Vone								
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR						
None								
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
 	BUSINESS ENTIT	ΓY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY	None		and the second s					
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): 3/25/03								

## 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.

# **FILING INSTRUCTIONS:**

## 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.

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