| FORM 1 | | STATEM | ENT OF | 2002 | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position below | ow: | INTERESTS | s [| | | | | | |
| LAST NAME FIRST NAME MIDD FORSYTH Karen MAILING ADDRESS : | Lee | FOR O USE O | | | | | | | |
| 7212 Bucknel | ID | | IDC | ode SPER R | | | | | |
| CITY: | ZIP ZIP ZIP DIVIS LID OR S | <u>^</u> | | | | | | | |
| CHECK IF CANDIDATE OR | <u> </u> | ree . | | G. | | | | | |
| **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: 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 (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS | | | | | | | | | |
| PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME | NCOME | [Major sources of income to th SOUF ADDF | RCE'S | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | | | |
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| | | | | | | | | | |
| PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY | NAM | ME (Major customers, clients, a E OF MAJOR SOURCES BUSINESS' INCOME | and other sources of income to ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PART C REAL PROPERTY [Land, |] | FILING INSTRUCTIONS for when and where to file this form are located at 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 | | | | |

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] | | | | | | | | | |
|--|--|----------------------|------------------|--|-----------------|-----------------------------------|--|--|--|
| TYPE OF INTANG | IBLE | | BUSINESS | S ENTITY TO WHICH T | HE PROPERTY REL | ATES | | | |
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| PART E — LIABILITIES [Major of NAME OF CRED | | | | ADDRESS OF C | REDITOR | | | | |
| Suncoast Schoo | Is Fed Cred | dit Uni | sn · | P.O. Box | 11904 | Jampa, FL | | | |
| Wachovia B | lank, XIA | P.O. | Box | 40031 | Rognot | e.VA | | | |
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| PART F — INTERESTS IN SPECI | FIED BUSINESSES [Ov | wnership or position | ons in certain t | ypes of businesses] | | | | | |
| | BUSINESS ENTI | TY # 1 | BUSI | NESS ENTITY # 2 | BUSINI | ESS ENTITY # 3 | | | |
| NAME OF BUSINESS ENTITY | | | | | | | | | |
| ADDRESS OF | | | | | | | | | |
| BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY | | | | | | | | | |
| POSITION HELD | | | | <u> </u> | | | | | |
| I OWN MORE THAN A 5% | | <u> </u> | | | | | | | |
| 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): Law Law Law Dells Torsyth DATE SIGNED (required): 6-23-03 | | | | | | | | | |
| | 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.