FORM 1		STATEM		2001					
Please print or type your name, mailing address, agency name, and position bel	ow:	ESTS	Γ						
LAST NAME FIRST NAME MIDD Francis, Cat MAILING ADDRESS: 313 LDUISE A FORT MYELS CITY: PDDINSIN LITHEL NAME OF AGENCY: DRIDCIDAL NAME OF OFFICE OR POSITION HI CHECK IF CANDIDATE OR	her ven 391 zip n E	FOR OFFICE USE ONLY: ID Code ID No. Conf. Code P. Req. Code							
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):   Image: I									
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person NAME OF SOURCE SOURCE'S OF INCOME ADDRESS				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
Lee County School Brard		2055 Contral Ave. FL.Myer, Fla							
PART B SECONDARY SOURCES OF INCOME [Major customers, clients NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME			and other sources of income to bus ADDRESS OF SOURCE		business	sinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land,	buildings	owned by the reporting perso	n]		and w ed at INST this fo on pay	_			
	·		<u>,</u>			ER FORMS you may need to educed to endersolved on page 6.			

PART D — INTANGIBLE PERSON TYPE OF INTANGIBL		ks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHI		ES			
	<u> </u>							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR						
PART F — INTERESTS IN SPECIFIE								
NAME OF	BUSINESS ENT		BUSINESS ENTITY # 2	DUSINES	S ENTITY # 3			
BUSINESS ENTITY ADDRESS OF					<u> </u>			
BUSINESS ENTITY PRINCIPAL BUSINESS								
ACTIVITY POSITION HELD								
VITH ENTITY								
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A 1	THROUGH F ARI	E CONTINUEI	D ON A SEPARATE SHEE	ET, PLEASE CHECK H	ERE			
SIGNATURE (required):	SIGNATURE (required): Atternin (Hanis) DATE SIGNED (required):							
	FII	LING INS	<b>STRUCTIONS:</b>					
WHAT TO FILE:WAfter completing all parts of this form, includingIf ysigning and dating it, send back only the firstonsheet (pages 1 and 2) for filing.for		you were mailed the form by the Commission n Ethics or a County Supervisor of Elections or your annual disclosure filing, return the form o that location.		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 employ-				
NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a		Elections of the ontly reside. (If your Florida, file with the region of the second se	<i>loyees</i> file with the Supervisor county in which they perma- u do not permanently reside the Supervisor of the county has its headquarters.)	ment. Appointees who muthe Senate must file prior to if that is less than 30 day their appointment. <b>Candidates</b> for publicly-e must file at the same ti	o confirmation, even is from the date of elected local office			

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.

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.

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.