FORM 1		STATEMENT OF				2002
Please print or type your name, mailing address, agency name, and position belo	w:	FINANCIAL INTERESTS				
LAST NAME FIRST NAME MIDD		419 51	•	FOR OF USE ON		
MAILING ADDRESS : 13/6 SE 32	NO	TEAR.		V		
						ode
CAPTE CORAL		904 LE1			ID N	lo.
NAME OF AGENCY: AIRPORT SPEC	AL	MONT COM	YITTEE		Cont	f. Code
NAME OF OFFICE OR POSITION HE APPOINTEE	LD OR S	OUGHT	<u> </u>		P. R	eq. Code
	× •	IEW EMPLOYEE OR APPOIN	ſEE			
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): Image: Imag						
PART A PRIMARY SOURCES OF I			OR e reporting person]	<u> </u>		
NAME OF SOURCE SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
BUSEY BANK FZ	A.	7980 Surgenzen L	pn.	131	ANKING	
Gen L FAMILY TA	155	13/6 SE 321	OF THA		INU	LESTMENTS
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES E BUSINESS' INCOME	and other sources of ADDR OF SO	RESS	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
				<u></u>		
						
PART C REAL PROPERTY (Land.	buildinas	owned by the reporting persor]		FILIN	I IG INSTRUCTIONS for when
PART C REAL PROPERTY [Land, buildings owned by the reporting person]				and w	here to file this form are locat- 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 edescribed on page 6.

PART D INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	f [Stocks, bonds, certific				
STOCK	FAIB	CORP.			
			1011	0/////	
		<u></u>			
<u> </u>			·····		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			*000500		
2	760	~		OF CREDITOR	
BUSEY BANK FLA.	1780	JUMME	1LIN P	KIS DA. FT. MYEAS	
•		-			
		-	<u></u>		
PART F — INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or position	ons in certain type	es of businesse	s]	
BUSINES	S ENTITY # 1	BUSINE	SS ENTITY # 2	2 BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY FIRST CA	LASS BATH				
ADDRESS OF	K CONAL IKU	1	<u> </u>		
PRINCIPAL BUSINESS ACTIVITY REMONE			<u></u>		
POSITION HELD			· · · · · · · · · · · · · · · · · · ·		
I OWN MORE THAN A 5%					
NATURE OF MY	•				
OWNERSHIP INTEREST	ICEN				
IF ANY OF PARTS A THROUGH F		D ON A SEPA		ET, PLEASE CHECK HERE	
SIGNATURE (required):	10 0			· · · · · · · · · · · · · · · · · · ·	
	Im		DATES	IGNED (required):	
	FILING INS	TDICT	'INNS.	-/// -	
WHAT TO FILE:	WHERE TO FIL		IUNS.		
After completing all parts of this form, including	If you were mailed t	If you were mailed the form by the Commission Initially, each local officer/employ			
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form			officer, and specified state employee must file within 30 days of the date of his or her	
	to that location.	-		appointment or of the beginning of employ- ment. Appointees who must be confirmed by	
	Local officers/emplo of Elections of the c	county in which t	hey perma-	the Senate must file prior to confirmation, even	
NOTE:	nently reside. (If you in Florida, file with ti	u do not permane	ently reside	if that is less than 30 days from the date of their appointment.	
MULTIPLE FILING UNNECESSARY:	where your agency h	has its headquarte	ers.)	Candidates for publicly-elected local office	
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a	State officers or s			must file at the same time they file their qualifying papers.	
second Form 1 for the same year. However, a candidate who previously filed Form 1 because	15709, Tallahassee, FL 32317-5709.			<i>Thereafter</i> , local officers/employees, state officers, and specified state employees are	
	Condidates file this form together with their			Uncers, 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.

of another public position must at least file a copy of his or her original Form 1 when qualifying.

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.

FORM 1	STATEME	NT OF	2002			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	NTERESTS				
LAST NAME FIRST NAME MIDDLE	VAME: CHAEIP.	FOR OFFICI USE ONLY:	E			
13/6 SE 32~	O TEAR.		ID Code			
CAPE CORAL	ZIP: COUNTY: 33904 LEE		ID No.			
NAME OF AGENCY	VELOPMENT PUTA	DRITY	Conf. Code			
NAME OF OFFICE OR POSITION HELD	OR SOUGHT :		P. Req. Code			
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 REPORTABLE INTERESTS: 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						
REQUIRES FEWER CALCULATIONS, C instructions for further details). PLEASE COMPARATIVE (PERCENTAGE)	STATE BELOW WHETHER THIS STATE	EMENT REFLECTS EITHER (cl	BASED ON PERCENTAGE VALUES (see heck one): LLAR VALUE THRESHOLDS			
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	OME [Major sources of income to the re SOURCE	E'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
BUSEV BANK FLA			n. BANKING			
Gen L FAMILY 744	ST 13/6 SE 32Ng	THAN 1.	NUESTMENTS			
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	INCOME [Major customers, clients, and NAME OF MAJOR SOURCES OF BUSINESS' INCOME	other sources of income to bus ADDRESS OF SOURCE				
PART C REAL PROPERTY [Land, bu		ع المركز (e ا ا t c	FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2. NSTRUCTIONS on who must file his form and how to fill it out begin on page 3.			
			OTHER FORMS you may need to ile are described on page 6.			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]					
TYPE OF INTANC		FNB		NTITY TO WH	ICH THE PROPERTY RELATES
STOCK	<u></u> ,		Conri	IJM.	ΝΛΙΝΟ
				· · · · ·	
	<u></u>				
PART E — LIABILITIES [Major NAME OF CRE		1		ADDRESS	OF CREDITOR
BUSEY BANK	FLA.	7980	SUMME	1 LIN A	IS DA. FT. MYEAS
1					
PART F — INTERESTS IN SPEC		S [Ownership or posit	ions in certain type	s of businesse:	6]
NAME OF	BUSINESS	ENTITY # 1	BUSINE	SS ENTITY # 2	BUSINESS ENTITY # 3
ADDRESS OF	FIRST CA	ASS BATH			
BUSINESS ENTITY	1219 CAM	K CONAL IKU	/		
PRINCIPAL BUSINESS ACTIVITY	REMONE	LINC.			
POSITION HELD WITH ENTITY	THEAS.				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES				
NATURE OF MY OWNERSHIP INTEREST	CO. OFFI	ICEN			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):	1. P.A.	lim		DATE S	IGNED (required):
		FILING IN	STRUCT	IONS:	
WHAT TO FILE: After completing all parts of this signing and dating it, send bac sheet (pages 1 and 2) for filing.	form, including k only the first	WHERE TO FIL If you were mailed on Ethics or a Co for your annual dis to that location.	the form by the C unty Supervisor o	of Elections	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- ment. Appointees who must be confirmed by

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.

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.

ment. 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.