FODM 1	STATEN	TENT OF	2000				
FORM 1STATEMENT OF2000IFINANCIAL INTERESTS							
LAST NAME - FIRST NAME - MIDDL		NAME OF REPORTING PERSON'S AGENCY:					
(rilbertson Scott)	Mathew	Lap Co BOCC					
Mailing address: 1500 Monrae Street		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):					
1500 MONTA SALLE		LOCAL OFFIC	ER 📮 STATE OFFICER				
FortMyurs 33901	Lae						
CITY: <sup>I</sup> ZIP:	COUNTY:	LIST OFFICE OR POSITIO	NHELD OR SOUGHT: Diwer-POT (Purchasing agent)				
			[ [ MC INSTIT UTE)				
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, 2000	DECEMBER 31, 2000 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:						
MANNER OF CALCULATING REPORT			USUALLY BASED ON PERCENTAGE VAL-				
UES. BEGINNING IN 2001, THE LEGIS	SLATURE HAS ALLOWED FILERS TH	HE OPTION OF USING REPO	RTING THRESHOLDS THAT ARE ABSOLUTE				
MENT REFLECTS EITHER (check one):			ASE STATE BELOW WHETHER THIS STATE-				
	NTAGE) THRESHOLDS (old method)		LAR VALUE THRESHOLDS (new method)				
PART A PRIMARY SOURCES OF INC	COME [Major sources of income to th	ne reporting person					
NAME OF SOURCE OF INCOME	SOUR ADDRI	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
X							
None							
	·····						
PART B SECONDARY SOURCES OF	INCOME (Major customers, clients	and other sources of income to	businesses owned by the reporting person]				
NAME OF	NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS				
BUSINESS ENTITY	OF BUSINESS'S INCOME	OF SOURCE	ACTIVITY OF SOURCE				
None							
PART C REAL PROPERTY [Land, bu	ultings owned by the reporting perso		FILING INSTRUCTIONS for				
	when and where to file this form are						
N 1	located at the bottom of page 2.						
	<u>) 13 25 15 22 51 1</u>		INSTRUCTIONS on who must file this form and how to fill it out begin				
	on page 3 of this packet.						
E	OTHER FORMS you may need to file are described on page 6.						

PART D — INTANGIBLE PERSO TYPE OF INTANG		tocks, bonds, certific			
Deterked Compensation		Nationa	Nationwide Retivement Solutions		
				SUILLAUNIS	
	······	+			
NAME OF CREDITOR			ADDRESS OF CREDITOR		
Alono					
110/102				· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·	
	<u></u>				
PART F — INTERESTS IN SPEC	IFIED BUSINESSES	[Ownership or pos	sitions in certain types of businesses	]	
	CIFIED BUSINESSES BUSINESS E		sitions in certain types of businesses BUSINESS ENTITY # 2	] BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY			••	-	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY			••	-	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY			••	-	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY			••	-	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			••	-	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%			••	-	
NAME OF BUSINESS ENTITY 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	BUSINESS E	NTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY 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	BUSINESS E	NTITY # 1	••	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY 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	BUSINESS E	NTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY 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	BUSINESS E		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	

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 UNNECES-SARY:

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.

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* file with the Supervisor of Elections of the county in which you 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 your qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

*Initially*, each local officer, 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, 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, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.