FORM 1	RM 1 STATEMENT OF		2001		
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS					
LAST NAME FIRST NAME MIDDLE	NAME: LAREL	FOR O USE O	SUPERVISOR 25 ID Code ID No. Conf. Code		
MAILING ADDRESS: 15656 (LOVERDALE DR.			FFIGE SUPERVISOR DE CE VED		
Fr MyEIZS	339,9 LEE		ID Code 2		
FT MYEIZS CITY: CEE COUNTY		MED AND 25 AND 25 ID No.			
NAME OF ACENCY	FACILITY SERATI	ians	Conf. Code		
NAME OF OFFICE OR POSITION HELD			P. Req. Code		
CHECK IF CANDIDATE OR	☐ NEW EMPLOYEE OR APPOINT	EE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F A FISCAL YEAR. PLEASE STATE BELO			THER BASED ON A CALENDAR YEAR OR ON		
DECEMBER 31, 2001		TAX YEAR IF OTHER THAN			
MANNER OF CALCULATING REPORTATION TO 2001, THE THRESHOLDS FOR VALUES. BEGINNING IN 2001, THE LEABSOLUTE DOLLAR VALUES, WHICH THIS STATEMENT REFLECTS EITHER COMPARATIVE (PERCENTAGE)	OR REPORTING FINANCIAL INTERE GISLATURE HAS ALLOWED FILERS REQUIRES FEWER CALCULATIONS (check one):	S THE OPTION OF USING R s (see instructions for further of	EPORTING THRESHOLDS THAT ARE details). PLEASE STATE BELOW WHETHER		
			VALUE THRESHOLDS (new method)		
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME ADDRESS		RCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
/4					
N/A					
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	o businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
Joonne Livini	or beauties intermed	or dedice.	North of Godice		
N/A					
			T		
PART C REAL PROPERTY [Land, bu	ildings owned by the reporting person	<u> </u>	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
N/A			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
			OTHER FORMS you may need to file are described on page 6.		

PART D — INTANGIBLE PERSO TYPE OF INTANG	DNAL PROPERTY [Stocks, bonds	s, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH TI	HE PROPERTY RELATES	
NA				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR		
. ,				
NA			· · · · · · · · · · · · · · · · · · ·	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]				
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY	1/1			
PRINCIPAL BUSINESS ACTIVITY	NA			
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):	my.	DATE SIGNED (required): フ///のン		
FILING INSTRUCTIONS:				
WHAT TO FILE: WHEN 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.

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.

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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