FORM 1		STATEMENT OF				2001			
Please print or type your name, mailing address, agency name, and position bel LAST NAME FIRST NAME MIDD		FINANCIAL	INTERE	STS		NOK			
Gooderham J MAILING ADDRESS	Kat	nryn Leig	,h	USE ONL	Y:	NU	JPER	3 3 7 8 7 8 7 8	
Fort Myers	<u>jo /</u> <u>3</u> ZIP	3919 Les	e				VISUR OF		
NAME OF AGENCY: FL CUM COUNTY CONSERVETION COMMITTEE, Le County (C NAME OF OFFICE OR POSITION HE COMMISSIONER,	Land Dastall ELD OR S	Acquisition Ste Advisory Council Le	e (ounty_			o. Code eq. Code	0110		
			NTEE						
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, 2001 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS (old method) OR DOLLAR VALUE THRESHOLDS (new method)									
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME					DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Geodorham + Associat	*s, Inc	5460 Beaujolais Lane Ft Myers, FL 33919			public relations				
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, E OF MAJOR SOURCES F BUSINESS' INCOME	ADDRE OF SOU	SS RCE			e reporting CIPAL BUSII ITY OF SOL	NESS	
Meristar Hotels + Resurts, Inc Jewish Federation of Lee + Charlotte Counties American Coastal			10100:Scon NW, Washing 6237-E P CT FtMyers 5460 Beau	residen FL33	<u>2000</u> 11: 21 3910	nonp		Nation	
Coalition			Et Myers	FL 339	119	nonpri	ofit-b	<u>éaches</u>	
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.				
						RUCTIONS orm and how ge 3.			
						ER FORMS			

PART D INTANGIBLE PERSO TYPE OF INTANG		[Stocks, bonds, certil	ficates of deposit, etc.] BUSINESS ENTITY TO WHI	ICH THE I	PROPERTY RELATES			
h /A								
	···· ···							
PART E — LIABILITIES [Major debts]								
NAME OF CRED			ADDRESS OF CREDITOR					
Wells Fargo Hor	ne Morta	age 1 Hom	140me Campis, Des Moines, 1A 50328					
	,							
				·				
				·				
PART F - INTERESTS IN SPECI		ENTITY # 1	wnership or positions in certain types of businesses]					
	BUSINESS AIT #	<u> </u>						
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	<i>Nť</i>	-1	<u> </u>					
PRINCIPAL BUSINESS ACTIVITY			<u>+</u>					
POSITION HELD WITH ENTITY		<u></u>	<u> </u>					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		<u> </u>	<u> </u>	_				
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS /	A THROUGH F	ARE CONTINUE	ED ON A SEPARATE SHE	ET, PLE				
SIGNATURE (required):		1 1.0	DATE S	IGNED (re	equired): 7/15/02			
Tatture 1		leckan	STRUCTIONS:		115102			
After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing. If you on the first o		on Ethics or a C	LE: d the form by the Commission ounty Supervisor of Elections sclosure filing, return the form	 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 posi- 				
		of Elections of the nently reside. (If y	ployees file with the Supervisor county in which they perma- ou do not permanently reside the Supervisor of the county					
		where your agency State officers or file with the Comn	y has its headquarters.) specified state employees nission on Ethics, P.O. Drawer					
		15709, Tallahasse Candidates file f qualifying papers.	e, FL 32317-5709. this form together with their					

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

tions.

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.