| FORM 1 | STATEMENT OF | 7 | 2002 | | | | |
|---|---|-------------------------|---|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL INTER | ESTS [| | | | | |
| LAST NAME FIRST NAME MIDDLE NA Harder Mary MAILING ADDRESS : | | FOR OFFICE USE ONLY: | VAR | | | | |
| | 1e 33903 Lee | | D Code | | | | |
| | P: COUNTY: | | D No. 5 2 | | | | |
| NAME OF AGENCY: <u>TTC Tele communications / Stonehouse</u> NAME OF OFFICE OR POSITION HELD OR SOUGHT: P. Reg. Code | | | | | | | |
| Work Order Coordinator/Back-up Fiscal Officer | | | | | | | |
| 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 instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): | | | | | | | |
| COMPARATIVE (PERCENTAGE) THRESHOLDS | | | | | | | |
| PART A PRIMARY SOURCES OF INCON NAME OF SOURCE OF INCOME | E [Major sources of income to the reporting person SOURCE'S ADDRESS | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | | |
| Stone house Technologies | 2740 N Oallas PKWY, 5 te 28 Plano, TX 75093 | D Tel | ecommunications | | | | |
| rental house | 784 March st, N Fy Myers, FI | 33903 re | ndal property | | | | |
| | | | · | | | | |
| | COME [Major customers, clients, and other sources of | | | | | | |
| | | RESS DURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | | |
| | | | | | | | |
| | | nin | | | | | |
| | | | | | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person] | | | ING INSTRUCTIONS for when where to file this form are locat- at the bottom of page 2. | | | | |
| |) FI MYERS, FI 33903 Narch St, N FI Myers, FI 339 | D3 IN: this | STRUCTIONS on who must file form and how to fill it out begin page 3. | | | | |
| | | | HER FORMS you may need to are described on page 6. | | | | |

| PART D INTANGIBLE PERSON TYPE OF INTANGIB | | cks, bonds, certific | ates of deposit, etc.] BUSINESS ENTITY TO WHIC | CH THE PROPERTY RELATES | |
|---|-------------|--|---|-------------------------|--|
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| | | | | | |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | |
| Wells Faras mortgage | | Home Campus: Des Moines, IA 50328 | | | |
| ABN-AMRO MORTAGE | | 7159 Corklan Drog Jackson wilk, F/ 32258 | | | |
| wachevia Bank | | P.D. Box 9607Y ChadoHe, NC 28296 | | | |
| Huntington Bank | | PO BOX 2059, COlumbus OH 43216 | | | |
| Am South Bank POBOY 1984, Birmingham, Alabama | | | am, Alabama 35201 | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] | | | | | |
| 1. | FITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 | | |
| NAME OF BUSINESS ENTITY | - none | 7 - | | | |
| ADDRESS OF BUSINESS ENTITY | | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | | | |
| POSITION HELD WITH ENTITY | | | | | |
| I OWN MORE THAN A 5% | | | ····· | | |
| NATURE OF MY OWNERSHIP INTEREST | 4 ··· 20-7. | | | | |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | | |
| SIGNATURE (required): DATE SIGNED (required): 7/3/03 | | | | | |
| <u>FILING INSTRUCTIONS:</u> | | | | | |
| WHAT 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.WHERE TO FILE: 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.WHERE 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- mathematical back only the must be comfirmed 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.