FORM 1	STATEM	IENT OF		2003		
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS						
MAILING ADDRESS :	nne - Marie	FOR OUSE O				
Caper (loral City:	33991 Les zip: county: succ		1	202 EN 202		
		ITEE		य <u>्</u> र्थे दिव		
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, 2003 OR OPECIFY 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						
	INCOME [Major sources of income to the SOU	he reporting person] IRCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
N/A		JRESS		INCIPAL BUSINESS ACTIVITY		
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY W(A-	OF INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land,	buildings owned by the reporting perso	n]	and w ed at f INST this fo on pag	IG INSTRUCTIONS for when 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		
				e described on page 6.		

PART D — INTANGIBLE PERSO TYPE OF INTANG		Stocks, bonds, certifi	icates of deposit, etc.] BUSINESS ENTITY TO WH	ICH THE PROPERTY RELATES		
NIA						
			···			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ł	ADDRESS OF CREDITOR			
NA						
				·····		
PART F — INTERESTS IN SPECI				-		
NAME OF	BUSINESS I	ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF	NA					
BUSINESS ENTITY PRINCIPAL BUSINESS		.				
ACTIVITY POSITION HELD		<u></u>				
WITH ENTITY I OWN MORE THAN A 5%		<u></u>				
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST		<u></u>				
SIGNATURE (required): FLANNE M. HORD LAD DATE SIGNED (required): 5/53/CH						
J	Ī	FILING IN	STRUCTIONS:			
		WHERE TO FILE: WHEN TO FILE:				
signing and dating it, send back only the first on		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 if the second				
		to that location. appointment or of the beginning of employ-				
			bloyees file with the Supervisor county in which they perma-	the Senate must file prior to confirmation, even if that is less than 30 days from the date of		
ne		nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county		their appointment.		
MULTIPLE FILING UNNEO	CESSARY:		has its headquarters.)	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 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.

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.

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.