FORM 1	ORM 1 STATEMENT OF					2002		
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS								
LAST NAME FIRST NAME MIDE	<u> </u>	I: PANK		FOR OFF USE ONL				
MAILING ADDRESS:								
BONITA SPRINGS FZ 34135, LEFE						ode		
CITY: BOINTA SPA	ID N	SUPP R						
NAME OF AGENCY: ZUNING B	Cont							
NAME OF OFFICE OR POSITION H	P. R	o. SUPERVISOR OF PERVISOR OF P						
		o. Code SUPERVISOR OF ELECTION						
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): Image: December 31, 2002 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2002 OR Image: 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): Image: Comparative (PERCENTAGE) THRESHOLDS OR Image: Dollar value thresholds								
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME ADDRESS						SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
			SMITH BLOG, ALBANY N.Y.			PENSION		
			. ,					
	ič – niti							
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of NAME OF NAME OF NAME OF MAJOR SOURCES ADDF BUSINESS ENTITY OF BUSINESS' INCOME OF SO				SS PRINCIPAL BUSINESS		PRINCIPAL BUSINESS		
					and w	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 PERSON TYPE OF INTANGIBL		[Stocks, bonds, certifi		ICH THE PROPERTY RELATES				
	<u> </u>							
			······································					
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PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR						
	<u> </u>							
	44							
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
	BUSINESS	S ENTITY # 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								
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required):	Tarh	Hmz	DATE S	IGNED (required):				
		FILING IN	STRUCTIONS:					
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. Local officers/employees file with the Supervisor of Elections of the county in which they perma-		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 employ- ment. Appointees who must be confirmed by the Senate must file prior to confirmation, even				
NOTE:		in Florida, file with the Supervisor of the county						

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.

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.

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.