FORM 1	STATEM	ENT OF	2002				
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	5				
LAST NAME FIRST NAME MIDDL	E NAME :	FOR O	FFICE	S 2			
Kcenan Consta	nce J.	USE O	NLY:	景景力			
MAILING ADDRESS: 3312 SW 3rd AVE	nul			REC 2003 HAR SUPERVISO			
			ID Code				
CITY:	ZIP: COUNTY:		10.11				
Cape Coral,	FL 33914 Lee		ID No.	PA FED			
NAME OF AGENCY:			Conf. Code	58			
Schlumberger Ser NAME OF OFFICE OR POSITION HE	LD OR SOUGHT :		P. Reg. Code	Ü			
Purchasing Agen	t for Schlumberge	18ema					
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOIN						
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 REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS COMPARATIVE (PERCENTAG	S THE OPTION OF USING REPOR , OR USING COMPARATIVE THRES E STATE BELOW WHETHER THIS S	HOLDS, WHICH ARE USUAL FATEMENT REFLECTS EITHE	LY BASED ON PE	RCENTAGE VALÚES (see			
PART A PRIMARY SOURCES OF I	NCOME [Major sources of income to t	he reporting person					
NAME OF SOURCE SOURCE'S OF INCOME ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Schlumbergersema			y outsourcing to Lee co Boo				
5		<i>J</i> /		J			
PART B SECONDARY SOURCES (OF INCOME (Major customers, clients	and other sources of income to	husinesses owned	by the reporting person			
NAME OF	NAME OF MAJOR SOURCES	ADDRESS	Į F	PRINCIPAL BUSINESS			
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	^	ACTIVITY OF SOURCE			
n/a							
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are locat-				
Dersonal residence	ful	ed at the botto	m of page 2.				
1	e - 3312 SW 3rd 1 Cape Coroel, Fi	(33914	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
				RMS you may need to			
			file are describ				

PART D — INTANGIBLE PERSONAL TYPE OF INTANGIBLE		s, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
401K						
IRA						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
Citi Bank - Mortgage holder		NY,NY				
Am South - Equity		Ft. Myers, FC				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTITY		# 1 BUSINESS ENTITY # 2 BUSINESS		BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	N/9					
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): Constance & Klenan DATE SIGNED (required): 3/5/03						
FILING INSTRUCTIONS:						

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.

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.

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 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.

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 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.