FORM 1	STATEMENT OF	2001		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	ESTS		
LAST NAME FIRST NAME MIDDLE N. MCS (MAN) MAILING ADDRESS: LO 19 N: W. CO- DE (O VA) CITY: NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OF	AME: IN ROBENT 12hd Place FL 33993-Lee COUNTY: CMENTARY Dal	FOR OFFICE USE ONLY: ID Code ID No. Conf. Code P. Req. Code		
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINTEE			
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: 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 INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
School Board of		Vida Supervises		
Loe County		an elementary		
		5choo!		
	ICOME [Major customers, clients, and other sources of AME OF MAJOR SOURCES ADDR OF BUSINESS' INCOME OF SOU	ESS PRINCIPAL BUSINESS		
PART C REAL PROPERTY [Land, build	ings owned by the reporting person]	FILING INSTRUCTIONS for when and where to file this form are locat-		
Falso C Unit 59 WOVTh	my home wn Two 10 TS and 60 - Appro- 150,000.00 eac	INSTRUCTIONS on who must file this form and how to fill it out begin page 3. OTHER FORMS you may need to file are described on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY [S TYPE OF INTANGIBLE	tocks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHICH TH	E PROPERTY RELATES	
None				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	Į	ADDRESS OF CREDITOR		
AM SOUT	h Ba	NK- Tampa	a Florida	
SunTrusT	Bank	V - Tamp	a Florida	
		' '	1),,,,,,,,,,	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]				
BUSINESS E	NTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	MARI			
ADDRESS OF BUSINESS ENTITY	211			
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY			1	
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):		DATE SIGNED	(required):	
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.

FILING INSTRUCTIO

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.