FORM 1	STATEM	ENT OF	SUPE 22 2002
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	RVI RVI
LAST NAME FIRST NAME MIDDLE N MAILING ADDRESS: CITY: NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD FISCAL CHILDRES	AME: COUNTY: COUNTY: COUNTY: COUNTY: COUNTY: COUNTY:	FOR OFFI	CE = 5 M
CHECK IF () CANDIDATE OR (NEW EMPLOYEE OR APPOIN		
A FISCAL YEAR. PLEASE STATE BELOV DECEMBER 31, 2002 MANNER OF CALCULATING REPORTAE THE LEGISLATURE ALLOWS FILERS 1	WHETHER THIS STATEMENT IS OR SPECIFY BLE INTERESTS: HE OPTION OF USING REPOR R USING COMPARATIVE THRESH TATE BELOW WHETHER THIS ST. HRESHOLDS ME [Major sources of income to the SOUR ADDI	RECEDING TAX YEAR, WHETHE FOR THE PRECEDING TAX YE TAX YEAR IF OTHER THAN THIS TING THRESHOLDS THAT AR HOLDS, WHICH ARE USUALLY ATEMENT REFLECTS EITHER (OR DC	E CALENDAR YEAR: E ABSOLUTE DOLLAR VALUES, WHICH BASED ON PERCENTAGE VALUES (see
		and other sources of income to bu ADDRESS OF SOURCE	usinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/#			
PART C REAL PROPERTY [Land, buildings owned by the reporting person]		-	FILING INSTRUCTIONS for when and where to file this form are locat-
N; /+			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to

PART D — INTANGIBLE PERSON TYPE OF INTANGIB		ertificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES	
N/A-				
PART E — LIABILITIES [Major de NAME OF CREDIT		ADDRESS OF CREDITOR		
N/A-17	len			
cour my let h	whe			
J. J.				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]				
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	NA			
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):	stin aMille	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.

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.