FORM 1 STATEMENT OF 2					
FINANCIAL INTERESTS					
LAST NAME - FIRST NAME - MIDDLE NAME: MAILING ADDRESS:		NAME OF REPORTING PERSON'S AGENCY: CALTIVA E rOSIUM Frevention District CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):			
1708 Captiva R.R. Captiva FL 33934 CITY: ZIP: COUNTY:		LIST OFFICE OR POSITION HELD OR SOUGHT:			
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: I					
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]   NAME OF SOURCE SOURCE'S   DESCRIPTION OF THE SOURCE'S   OF INCOME ADDRESS   Image: ADDRESS PRINCIPAL BUSINESS ACTIVITY					
Captiva Partner	ship Same al	above	Elmest menta		
/					
			· 		
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	and other sources of income to ADDRESS OF SOURCE	businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
JUL 23 3 IT 61			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.		
/	SUPERVISOR OF		OTHER FORMS you may need to file are described on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE / BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
/					
PART E — LIABILITIES [Major on NAME OF CRED	iebts], ITOR I	ADDRESS OF CREDITOR			
/	/				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
NAME OF	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF					
BUSINESS ENTITY					
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: DATE SIGNED: 4/19/01		ied: 7/19/01			
<b><u>FILING INSTRUCTIONS:</u></b>					
	WHERE TO	FII F:			

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 UNNECES-SARY:

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.

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 file with the Supervisor of Elections of the county in which you 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 your qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Initially, each local officer, 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, 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, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.