FORM 1	STATEM	ENT OF	2003			
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS				
LAST NAME - MIDDLE	Boreal	FOR OFFICE USE ONLY:	, ≣			
MAILING ADDRESS:	Avene		/′			
NAME OF OFFICE OR POSITION HELD	ZIP: COUNTY: C 33904 COUNTY: C	iee 1	ID No. Conf. Code P. Reg. Code			
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, 2003 OR 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):						
PART A PRIMARY SOURCES OF INC. NAME OF SOURCE		e reporting person]	DESCRIPTION OF THE SOURCE'S			
OF INCOME	ADDR		PRINCIPAL BUSINESS ACTIVITY			
MONE						
/						
						
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to busin ADDRESS OF SOURCE	nesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NONT						
			ı			
PART C REAL PROPERTY [Land, bu	ildings owned by the reporting person]	an ed	LING INSTRUCTIONS for when d where to file this form are locatal at the bottom of page 2. ISTRUCTIONS on who must file is form and how to fill it out begin			
		01	THER FORMS you may need to e are described on page 6.			

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certific		ICH THE PROPERTY RELATES		
7/c/NT-		l <u> </u>				
/// //						
			· · · · · · · · · · · · · · · · · · ·			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
10/5						
NONE						
/ \						
PART F — INTERESTS IN SPECI	FIED BUSINESSES [OV		ns in certain types of businesse:			
NAME OF BUSINESS ENTITY	200200					
ADDRESS OF						
BUSINESS ENTITY PRINCIPAL BUSINESS	1/10/1					
ACTIVITY POSITION HELD	NONE					
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 S	IGNED (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. W If y on for to		WHEN TO FILE: you were mailed the form by the Commission in Ethics or a County Supervisor of Elections in your annual disclosure filing, return the form that location. ocal officers/employees file with the Supervisor if Elections of the county in which they perma-				
	of E	ections of the c	ounty in which they perma-	if that is less than 30 days from the date of		

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.

nently 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.

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 posi-

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.