FORM 1		STATEMENT OF			2001	
Please print or type your name, mailing address, agency name, and position belo	w:	FINANCIAL	INTERE	STS		
MOFF ELIZABET MAILING ADDRESS:	H	Ann	/	FOR OFF USE ONL		
12245E215t PLD	<u> </u>				ID Code	
COPE COREL CITY: LEE COUNTY I	FL.	LES COUNTY:			ID No.	
NAME OF AGENCY:	الما	12		į	Conf. Code	
NAME OF OFFICE OR POSITION HE		GUGHT:			P. Req. Code	
CHECK IF CANDIDATE OR	<u> </u>	IEW EMPLOYEE OR APPOIN	TEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200	_OW WI	HETHER THIS STATEMENT IS	FOR THE PRECED	ING TAX Y	ER BASED ON A CALENDAR YEAR OR ON EAR ENDING EITHER (check one): HE 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 II NAME OF SOURCE OF INCOME	ICOME	[Major sources of income to the reporting person] SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
GREGORY A. MOFF		1224 SE 215t (L. Cape COR	el_	CARPENTRY	
LEE CO. BOCC	7/11	1500 MONROE	St. FT.M	YERS	Fiscal	
PART B SECONDARY SOURCES (NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, and the control of the customers of the cust	and other sources of ADDRI OF SOU	ESS	pusinesses 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.	
1224 SE 215 PL. Cape CoraL, FL 18391 SLater Rd. N.Ft. Mycrs, FL					INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	
					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 NAME OF CREI		ADDRESS OF CREDITOR						
GREEN TREE M	ortable							
	NERSHIP							
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	GREGORUA MOFF							
ADDRESS OF BUSINESS ENTITY	1224 Se 215+ PL. Cape Coral	•						
PRINCIPAL BUSINESS ACTIVITY	CORPENTRY							
POSITION HELD WITH ENTITY	PORTNER							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%							
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required): Clinabeth A. Moth DATE SIGNED (required): 6402								
FILING INSTRUCTIONS:								
WHAT TO FILE:	WHERE TO FIL	WHERE TO FILE: WHEN 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.

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.

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.