		ρ	Philinda Veune,			
FORM 1	STATEM	ENT OF	2002			
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS				
LAST NAME - FIRST NAME - MIDDLE MUTZALAUGH JANE MAILING ADDRESS J	1 /// // \	FOR OF USE ON	II V.			
1665 Menlo R	<u>d</u>		I ID Code			
			ID No.			
FF. Myers 3	3901 Lei	e				
NAME OF AGENCY:	+ Muers		Conf. Code			
NAME OF OFFICE OR POSITION HELD	A	1.6	P. Req. Code			
Historic Meservation						
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINT	EE				
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: 2002						
MANNER OF CALCULATING REPORT. PRIOR TO 2001, THE THRESHOLDS F VALUES. BEGINNING IN 2001, THE LE ABSOLUTE DOLLAR VALUES, WHICH THIS STATEMENT REFLECTS EITHER COMPARATIVE (PERCENTAGE	OR REPORTING FINANCIAL INTERE EGISLATURE HAS ALLOWED FILERS REQUIRES FEWER CALCULATIONS (check one):	S THE OPTION OF USING RE 6 (see instructions for further de	USUALLY BASED ON PERCENTAGE PORTING THRESHOLDS THAT ARE etails). PLEASE STATE BELOW WHETHER VALUE THRESHOLDS (new method)			
PART A PRIMARY SOURCES OF INC	COME [Major sources of income to the	e reporting person]				
NAME OF SOURCE OF INCOME	SOUR ADDR	-	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Ha. Retirement Syst	tem Tallahass	<u>ee</u>	government			
John Mutzabaugh income samo as above			real estate sales			
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 ADDRESS OF SOURCE	businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
						
PART C REAL PROPERTY [Land, bu	uildings owned by the reporting person		FILING INSTRUCTIONS for when			
11do5 Menio Rd. F.		J	and where to file this form are located at the bottom of page 2.			
			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						
staks	:					
Mutual funds						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
real estatio mortgage		Suntrust Atlanta 6A				
3						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENT	TY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY						
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): DATE SIGNED (required): 3/25/03						
J FILING INSTRUCTIONS:						
WHAT TO FILE: WHEN TO FILE:						

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.

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 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.