FORM 1	STATEMENT OF		2003				
Please print or type your name, mailing address, agency name, and position below:  FINANCIAL INTERESTS							
NAME OF AGENCY:  Principal  NAME OF OFFICE OR POSITION HELD OR S	COUNTY:		Code O No. onf. Code Req. Code				
A FISCAL YEAR. PLEASE STATE BELOW WEDGE DECEMBER 31, 2003  MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR US	OPTION OF USING REPORTING THRESHOLD SING COMPARATIVE THRESHOLDS, WHICH AR E BELOW WHETHER THIS STATEMENT REFLEC	AR, WHETHER BOING TAX YEAR OF THAN THE CAS OF THAT ARE ARE USUALLY BATTS EITHER (che	ENDING EITHER (check one):  ALENDAR YEAR: July 1 2003  BSOLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES (see				
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	[Major sources of income to the reporting person] SOURCE'S ADDRESS	J	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
School Pristrict of hee County	2055 Central Are Ft Myers f	7 339 S	chool District				
NAME OF ! NAM	ME [Major customers, clients, and other sources of E OF MAJOR SOURCES ADDR F BUSINESS' INCOME OF SOU	ESS	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
PART C REAL PROPERTY [Land, buildings		FILING INSTRUCTIONS for when and where to file this form are locat-					
6910 Greystone Lone Ft myers Fla 33911 Hone			ed 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 PERSON TYPE OF INTANGIE		ks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY To	O WHICH THE PRO	OPERTY RELATES	
Sain Account		Bank of America				
Senj Account		Suncoast Schools FCU				
Stocks / Mutual Fund / liquil Asset						
		7				
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR				
Suncoast Schools Federal		P.O.B.	ox 11829	Tampa t	7a 33680-1829	
Credit Union Car						
			<u> </u>			
PART F — INTERESTS IN SPECIFI						
PART F — INTERESTS IN SPECIFICATION OF	BUSINESS ENTI		ons in certain types of busin		BUSINESS ENTITY # 3	
					BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY					BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY					BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY					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					BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY					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	BUSINESS ENTI	ITY#1	BUSINESS ENTIT	TY # 2		
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	BUSINESS ENTI	ITY#1	BUSINESS ENTIT	SHEET, PLEAS	SE CHECK HERE	
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  SIGNATURE (required):	THROUGH E ARE	ITY#1	BUSINESS ENTIT	SHEET, PLEAS	SE CHECK HERE	
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	THROUGH E ARE	E CONTINUE	DON A SEPARATE S	SHEET, PLEAS	SE CHECK HERE	
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  SIGNATURE (required):	THROUGH E ARE	E CONTINUE	D ON A SEPARATE S	SHEET, PLEAS  ATE SIGNED (required)  5/23/0  S:	SE CHECK HERE	

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.