FORM 1	RM 1 STATEMENT OF					2002			
Please print or type your name, mailing address, agency name, and position belo	w: F	FINANCIAL	INTERE	ZSTS					
LAST NAME FIRST NAME MIDDL Pavlos Charles MAILING ADDRESS : 4104 Hidden Acres C:	Georg			FOR OF USE ON					
CITY: N. Ft. Myers NAME OF AGENCY: City of NAME OF OFFICE OR POSITION HE Public Works Din CHECK IF CANDIDATE OR	LD OR SO rector	De Coral	TEE		ID N Conf				
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, 2002 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): COMPARATIVE (PERCENTAGE) THRESHOLDS									
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 City of Cape Coral, Cape Coral, FL			PRINCIPAL BUSINESS ACTIVITY City Government				
City of Cape Coral U.S. Navy (Retired)	eveland, Ohio (Pay Office)			National Defense					
		· · · · · · ·			· · · · · · · · · · · · · · · · · · ·				
PART B SECONDARY SOURCES OF INCOME [Major customer NAME OF NAME OF MAJOR SOUF BUSINESS ENTITY OF BUSINESS' INCOM		OF MAJOR SOURCES	URCES ADDRESS		business	es 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 locat- ed at the bottom of page 2.				
						RUCTIONS on who must file rm and how to fill it out begin ge 3.			
						ER FORMS you may need to e described on page 6.			

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PART D — INTANGIBLE PERSO TYPE OF INTANGI		ks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO	WHICH THE	PROPERTY RELATES			
			. <u> </u>					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR						
USAA Federal Savings Bank		600 Atrium Way Mt. Laurel, NJ 08054						
Navy Federal Credit Union		P.O. Box 3302 Merrifield, VA 22119						
Suntrust Bank		2139 Del Prado Blvd. Cape Coral, FL 33990						
			. <u></u>	<u></u>				
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			- <u></u>		······································			
POSITION HELD WITH ENTITY	<u> </u>		······································					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<u> </u>							
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required):								

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.

WHERE TO FILE:

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.

FILING INSTRUCTIONS:

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 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.