FORM 1

FINAL STATEMENT OF FINANCIAL INTERESTS

2001

FINANCIAL INTERESTS									
		60 DAYS OF LEAV					YMENT)		
LA T NOVE - PRST NAME - MIDDLE NAME:			NAME OF REPORTING PERSON'S AGENCY:						
MAILING ADDRESS:			FOR CUTY OF FT MYRRS						
(914/Ano302) Aux			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):						
FILLURIS F 339			LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE						
CITY: ZIP:			LIST OFFICE OR POSITION HELD: CHARRING.						
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FLIC OFFICE OR EMPLOYMENT DESEMBLY OF CALCULATING REPORT OF CALCULATION OF CALCULATI	SCRIBED RTABLE S FOR RE GISLATUF ES FEWEF ne):	ABOVE, WHICH DATE WAS _ NTERESTS: PORTING FINANCIAL INTERI RE HAS ALLOWED FILERS TH	ESTS WERE CHE OPTION OF	OMPARATIVE USING REPO r details). PLE	, USUALL' RTING TH ASE STAT	_ , 2001. Y BASED ON HRESHOLDS TE BELOW V	N PERCENTAGE V S THAT ARE ABSC	'AL DLUTE TATE-	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the NAME OF SOURCE SOURCE ADDRE			DE'S	son]			THE SOURCE'S		
PRIVATE CONSTRUCTION	duc	6914 HIRBAR LA	162 FM	FRES 3351	Ç	-lowe	USTRUTION	7	
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				-y					
						-			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES F BUSINESS' INCOME	,	es of income to ADDRESS OF SOURCE		A PRI	the reporting pers NCIPAL BUSINES IVITY OF SOURC	s	
			NAR 7 2002						
··					11111	UPERVISOR	·		
······································						ELECTIONS			
									
PART C REAL PROPERTY [Land	buildings	owned by the reporting persor	n] ——————		when	and where	UCTIONS for to file this form ttom of page 2.	are	
					this fo		IS on who must w to fill it out be packet.		
							IS you may nee	d to	

PART D INTANGIBLE PERSO TYPE OF INTANG	NAL PROPERTY (Stocks	cks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
PART E — LIABILITIES [Major d NAME OF CRED	debts] ITOR	ADDRESS OF CREDITOR						
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [O	wnership or po	sitions in certain types of businesse	es]				
	BUSINESS ENTI	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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE: DATE SIGNED: WAR 7 2002 SUPERVISOR								
				ELECTIONS				
•								
THE INC. INCOMPLY OF CARE								

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only the first sheet for filing (you need not return any of the instruction pages).

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of the year, you may not have filed Form 1 for the previous calendar year (2000). In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for the previous calendar year (2000) by July 1, 2001.

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