					010		
FORM 1 STATEMENT OF 2000							
FINANCIAL INTERESTS							
	1	E:	NAME OF REPORTING PE	ERSON'S	AGENCY: TRESCUE DIST.		
MAILING ADDRESS:			Office conference				
P.O. Box 322			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
PinelANI FL. 33945 Lee			<ul> <li>LOCAL OFFICER</li> <li>CANDIDATE</li> <li>SPECIFIED STATE EMPLOYEE</li> </ul>				
CITY: ZIP: COUNTY:							
		FILE CHIEF					
A FISCAL YEAR: PLEASE STATE B DECEMBER 31, 2000 MANNER OF CALCULATING REPO PRIOR TO 2001, THE THRESHOLDS UES. BEGINNING IN 2001, THE LEP DOLLAR VALUES, WHICH REQUIRE MENT REFLECTS EITHER (check of	ELOW WH RTABLE I S FOR RE GISLATUR ES FEWER ne):	IETHER THIS STATEMENT IS         OR       SPECIFY         NTERESTS:       Z         PORTING FINANCIAL INTER         IE HAS ALLOWED FILERS TI         CALCULATIONS (see instru-	S FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN ESTS WERE COMPARATIVE, HE OPTION OF USING REPO ctions for further details). PLE	YEAR EN THE CALE USUALLY RTING TH ASE STAT	ENDAR YEAR: Y BASED ON PERCENTAGE VAL- IRESHOLDS THAT ARE ABSOLUTE TE BELOW WHETHER THIS STATE-		
COMPARATIVE (PERCENTAGE) THRESHOLDS (old method) OR DOLLAR VALUE THRESHOLDS (new method)							
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 J I PRINCIPAL BUSINESS ACTIVITY							
		PO BOX 322 PI	Meland FL FIRE Department				
· · · · · · · · · · · · · · · · · · ·		33945					
			RECEIVED				
			FEB 2002				
	SUP GWISUR DF DF						
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY		ME [Major customers, clients, E OF MAJOR SOURCES BUSINESS'S INCOME	and other sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NUNE		None	None		None		
					/		
		1			/		
PART C REAL PROPERTY (Land	, buildings	owned by the reporting perso	n]	when locate INST this fo	IG INSTRUCTIONS for and where to file this form are d at the bottom of page 2. RUCTIONS on who must file orm and how to fill it out begin ge 3 of this packet.		
					ER FORMS you may need to e described on page 6.		

0,0								
	NAL PROPERTY [Stocks, bonds, certifi							
NONC	1 1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
	<u> </u>	1						
	<u>+</u>							
	1							
	1							
PART E — LIABILITIES [Major de								
		ADDRESS OF CREDITOR						
None		Nonc						
PART F — INTERESTS IN SPECI	IFIED BUSINESSES [Ownership or po							
NAME OF	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3					
BUSINESS ENTITY ADDRESS OF	None							
BUSINESS ENTITY PRINCIPAL BUSINESS	<u> </u>							
ACTIVITY POSITION HELD	<u> </u>							
VITH ENTITY	VION							
INTEREST IN THE BUSINESS NATURE OF MY								
	ΙΛογιζ							
IF ANY OF PARTS A	IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE:	May	DATE SIGNED:	1-29-02					

## 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 UNNECES-SARY:

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.

**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.

*Candidates* file this form together with your 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, 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 quali-fying papers.

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

UPPER CAPTIVA FIRE PROTECTION AND RESCUE SERVICE DISTRICT Post Office Box 322 Pineland, Florida 33945 Ro. 30 x 2545 FT. myers, FL. 33962 HT. Bernie HT. Bernie Feliciano Vo Post MARK RECEIVED FEB 8 2002 SUPERVISOR ELECTIONS