FORM 1

STATEMENT OF

2002

address, agency name, and position bel	ow: FINANCIAL I	NTERESTS				
LAST NAME FIRST NAME MIDD	LE NAME :	FOR OFFI				
Perkins Tracy		USE ONLY	Y: (NOL)			
MAILING ADDRESS :		1				
13590 Admiral Court			ID Code			
Fort Myers, FL	33912 Lee					
CITY:	ZIP: COUNTY:					
The School District	of Lee County		ID No.			
NAME OF AGENCY :			Conf. Code			
Principal, Cypress L NAME OF OFFICE OR POSITION HE						
NAME OF OFFICE OR POSITION TO	ELD OR SOUGHT:		P. Req. Code			
CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE						
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 FILE	RS THE OPTION OF USING REPORTING		E ABSOLUTE DOLLAR VALUES, WHICH			
			BASED ON PERCENTAGE VALUES (see check one):			
instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
	NCOME [Major sources of income to the re	ing pagan				
NAME OF SOURCE	SOURCE	E'S .	, DESCRIPTION OF THE SOURCE'S			
OF INCOME ADDRESS		S	PRINCIPAL BUSINESS ACTIVITY			
School District of Lee	County 2055 Central Ave.,	Ft. Myers, FL	Principal			
School District of Lee	County 2055 Central Ave.,	Ft. Myers, FL	Principal			
School District of Lee	County 2055 Central Ave.,	Ft. Myers, FL	Principal			
School District of Lee	County 2055 Central Ave.,	Ft. Myers, FL	Principal			
PART B SECONDARY SOURCES	OF INCOME [Major customers, clients, and	other sources of income to bu	usinesses owned by the reporting person]			
PART B SECONDARY SOURCES NAME OF	OF INCOME [Major customers, clients, and NAME OF MAJOR SOURCES	other sources of income to bu	usinesses owned by the reporting person]			
PART B SECONDARY SOURCES NAME OF	OF INCOME [Major customers, clients, and NAME OF MAJOR SOURCES	other sources of income to bu	usinesses owned by the reporting person]			
PART B SECONDARY SOURCES NAME OF	OF INCOME [Major customers, clients, and NAME OF MAJOR SOURCES	other sources of income to bu	usinesses owned by the reporting person]			
PART B SECONDARY SOURCES NAME OF	OF INCOME [Major customers, clients, and NAME OF MAJOR SOURCES	other sources of income to bu	usinesses owned by the reporting person]			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, and NAME OF MAJOR SOURCES OF BUSINESS' INCOME	other sources of income to bu ADDRESS OF SOURCE	usinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, and NAME OF MAJOR SOURCES	other sources of income to bu ADDRESS OF SOURCE	usinesses owned by the reporting person]			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land,	OF INCOME [Major customers, clients, and NAME OF MAJOR SOURCES OF BUSINESS' INCOME	other sources of income to bu ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, and NAME OF MAJOR SOURCES OF BUSINESS' INCOME	other sources of income to bu ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when and where to file this form are locat-			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land,	OF INCOME [Major customers, clients, and NAME OF MAJOR SOURCES OF BUSINESS' INCOME	other sources of income to bu ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when 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			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land,	OF INCOME [Major customers, clients, and NAME OF MAJOR SOURCES OF BUSINESS' INCOME	other sources of income to but ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
·					
					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
	BUSINESS ENT	ITY # 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): 9/17/03					
FILING INSTRUCTIONS:					

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.

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.