FORM 1	<b>STATEMENT</b>	2001				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT	ERESTS				
LAST NAME FIRST NAME MIDDLE N	ARILY'N LOUISE	FOR OFF USE ONL				
MAILING ADDRESS: 71 E. MORT	H SHORE AVE.					
	7		ID Code			
NA FORT MYERS	ZIP: COUNTY: LEE	-	ID No.			
NAME OF AGENCY: LEE CO. BOAR	DOF CO. COMMISS	IONERS	Conf. Code			
NAME OF OFFICE OR POSITION HELD	DR SOUGHT:		P. Req. Code			
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINTEE					
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, 2001  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  MANNER OF CALCULATING REPORTABLE INTERESTS: PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  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  DESCRIPTION OF THE SOURCE'S						
OF INCOME	ADDRESS		PRINCIPAL BUSINESS ACTIVITY			
PART B SECONDARY SOURCES OF I	NCOME [Major customers, clients, and other s	ources of income to b	ousinesses owned by the reporting person]			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
N/A-						
PART C REAL PROPERTY [Land, build	lings owned by the reporting person]		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
N/++			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 PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE   BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
DEFERRED (	COMP. LEE	COUNTY	BCC/NAC	o ·	
				<del></del>	
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR			
N/A					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
	BUSINESS ENTITY # 1	BUS	SINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	NA				
ADDRESS OF BUSINESS ENTITY	/1				
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST	V				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required): Maruly Hawling DATE SIGNED (required): 6/17/02					
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 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.