FORM 1 STATEMENT OF NOTON HISTORY 2000 LAST NAME - FIRST NAME - MIDDLE NAME: NAME OF REPORTING PERSON'S AGENCY. , Seymour Koche rann. gin 106 2nd ST. PAGE PK CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): ☐ LOCAL OFFICER ☐ STATE OFFICER ☐ CANDIDATE SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD OR SOUGHT: CITY: COUNTY: FT Wyers FL 33907 Lec 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, 2000** OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 2 04 / MANNER OF CALCULATING REPORTABLE INTERESTS: PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VAL-デリビジャンEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING PERSONNING THREAMOURS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATE-MENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS (oid method) 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** PRINCIPAL BUSINESS ACTIVITY Ketirement PD. Box 10 FT Wyens FL News Paner U.S. Governeat ReTirement 5246 Red Cedur Dn 38907-7533 TNUESTMENTS 106 2 -0 57 P.P. 1252 Subgrande PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF NAME OF MAJOR SOURCES **ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY** OF BUSINESS'S INCOME OF SOURCE **ACTIVITY OF SOURCE**

PART C - REAL PROPERTY [Land, buildings owned by the reporting person]

Dublex 106 2-6 ST P. P. FT Myers [-L 33 807]

House 1252 State Gyardin Du No. FT Myers

The solution of the solution o

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 on page 3 of this packet.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANG:BLE PERSO TYPE OF INTAN	ONAL PROPERTY (Sto	cks, bonds, certific	BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES
A. C. Edwards		Stocks - Without Frads		
		ļ		
PART E — LIABILITIES [Major of NAME OF CREE			ADDRESS OF CREE	DITOR
BANK OF America		P.O. Box 30137 , TAMPA FL. 33630- 3137		
を とり はない はん	· * * * * * * * * * * * * * * * * * * *		The state of the s	a that statement the source of the contract of
PART F — INTERESTS IN SPECIFIED BUSINESSES BUSINESS EN			itions in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF			DOGINEOU ENTITY II Z	DOSINESS ENTITY 5
NAME OF BUSINESS ENTITY				
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY				
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY				
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY				
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%				
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	A THROUGH F AF	RE CONTINUE	O ON A SEPARATE SHEET, PLE	
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	A THROUGH F AF		O ON A SEPARATE SHEET, PLE	
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	- Rock			EASE CHECK HERE

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.

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

talls under, see the "Who Must File" Instructions

SUPERVISOR OF

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 qualifying 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.