FORM 1	STATEM	IENT OF		2002
Please print or type your name, mailing address, agency name, and position be	FINANCIAL	INTERESTS	S	
LAST NAME - FIRST NAME - MIDI LOCHE, SCHULC MAILING ADDRESS: 106 2Nd 3	on J.	FOR C		PINOCO F
FT MYELS CITY:	133%7 L ZIP: COUNTY:	€ 60°	ID C	
NAME OF OFFICE OR POSITION H Advise CHECK IF CANDIDATE OR		NTEE		eq. Code
DECEMBER 31, 20 MANNER OF CALCULATING REPO THE LEGISLATURE ALLOWS FILE REQUIRES FEWER CALCULATION	R FINANCIAL INTERESTS FOR THE PELOW WHETHER THIS STATEMENT IN 102 OR DESCRIPTION OF USING REPOSES OR USING COMPARATIVE THRESTS. SE STATE BELOW WHETHER THIS SE	S FOR THE PRECEDING TAX Y TAX YEAR IF OTHER THAN RTING THRESHOLDS THAT SHOLDS, WHICH ARE USUA	YEAR EN THE CALE ARE ABS LLY BASEI ER (check o	DING EITHER (check one): ENDAR YEAR: OLUTE DOLLAR VALUES, WHICH O ON PERCENTAGE VALUES (see
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NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income t ADDRESS OF SOURCE	o business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Rent	Rip Lex	106 2ad 57		Roathic
PART C REAL PROPERTY [Land	buildings owned by the reporting perso	on]	and wh	G INSTRUCTIONS for when nere to file this form are locathe bottom of page 2.
			this for on pag	
				R FORMS you may need to described on page 6.

PART D — INTANGIBLE PERSO TYPE OF INTANG	DNAL PROPERTY [Stocks, bonds, c	certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES
A.G. Edwards In	restments 1/1	Mutual Foods	
PART E — LIABILITIES [Major of NAME OF CRED		ADDRESS OF CREE	DITOR
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Brok of Auc	evica		S
			200 Z
			ZOMA OF T
DART E INTERESTS IN SPECI	FIED BUCKNESSES (O	positions in certain types of businesses]	FI
FART F INTERESTS IN SPECI	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY		B03NE33 ENTIT # 2	- Section
ADDRESS OF BUSINESS ENTITY	Nowe		<u> </u>
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	A THROUGH F ARE CONTIN	NUED ON A SEPARATE SHEET, PLE	ASE CHECK HERE
		,	
SIGNATURE (required):	nen Roal	DATE SIGNED (r.	equired): 10/73/03
V	The state of the s	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.

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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.

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Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

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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.

FORM 1

STATEMENT OF



Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT	TERESTS		
Roche, Sermour J.		FOR OFFI USE ONL)		REI 2002 OCT
MAILING ADDRESS: /OC 2~d 37			ID Code	RE 0 E
CITY: ZIP:			ID No.	RECEIVED 2002 057 -1 AILIO: 23 SUPERVISOR OF CELLUIORS
FT Myens 3390			12 110	22
Community Action Agency/Neigh		T/c	Conf. Code	G
Committee Weinber	OUGHT:		P. Req. Code	
CHECK IF CANDIDATE OR .	IEW EMPLOYEE OR APPOINTEE			
THIS STATEMENT REFLECTS YOUR FINANCE A FISCAL YEAR. PLEASE STATE BELOW WE DECEMBER 31, 2001 MANNER OF CALCULATING REPORTABLE PRIOR TO 2001, THE THRESHOLDS FOR REVALUES. BEGINNING IN 2001, THE LEGISLA ABSOLUTE DOLLAR VALUES, WHICH REQUITHS STATEMENT REFLECTS EITHER (check COMPARATIVE (PERCENTAGE) THRE	HETHER THIS STATEMENT IS FOR THOM OR SPECIFY TAX YEAR INTERESTS: PORTING FINANCIAL INTERESTS WE THE ORIGINAL INTERESTS THE ORIGINAL INTERESTS THE ORIGINAL INTEREST ORIGINAL I	RE PRECEDING TAX YE AR IF OTHER THAN TH ERE COMPARATIVE. US PTION OF USING REPOSTRUCTIONS for further details	AR ENDING EIT E CALENDAR Y SUALLY BASED DRTING THRESI iils). PLEASE S	HER (check one): EAR: 2002 ON PERCENTAGE HOLDS THAT ARE TATE BELOW WHETHER
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PART D — INTANGIBLE PERS TYPE OF INTANG		cks, bonds, certi	ificates of deposit, etc BUSINESS EN	:] TITY TO WHICH THE	E PROPERTY RELATES	
Stock, Bood, MITIAL FUNDS		A.G	Edwards			
						
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PART E — LIABILITIES [Major NAME OF CRE			ADDRESS OF CREDITOR			
BANK OF ALLIE	VICA	Posto	, 30137,	TARIBH FL	3363c 5137	
PART F — INTERESTS IN SPEC						
NAME OF	BUSINESS ENT	ITY#1	BUSINESS	S ENTITY # 2	BUSINESS ENTITY # 3	
BUSINESS ENTITY ADDRESS OF	1/					
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 AR	E CONTINU	ED ON A SEPAR	RATE SHEET, PL	EASE CHECK HERE	
SIGNATURE (required):	gmoun / K	oche	,	DATE SIGNED ((required): 9/27/02	
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.

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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.

FORM 1		STATEM	ENT OF	2001	
Please print or type your name, mailing address agency name, and position bel	ow:	FINANCIAL	INTEREST	s	
LAST NAME FIRST NAME MIDD		:	FOR	OFFICE	
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MAILING ADDRESS: 106 2Nd ST.				/	
				ID Code	
CITY:	ZIP :				
FT Myers	339	o7 hec		ID No.	i ir
NAME OF AGENCY :				Conf. Code	e Se Se
NAME OF OFFICE OR POSITION HE	LD OR S	OUGHT Charman		P. Req. Code	3 - 1 - 1 - 1
Neighbon hord Di	Tric T	- Human Sevi	vices		_
CHECK IF CANDIDATE OR	□ N	EW EMPLOYEE OR APPOIN	TEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUF A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200	LOW WH	ETHER THIS STATEMENT IS	RECEDING TAX YEAR, WHE S FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN	ETHER BASED ON A CALENDAR YEAR O X YEAR ENDING EITHER (check one): N THE CALENDAR YEAR:	R ON
VALUES. BEGINNING IN 2001, THE	FOR REI LEGISLA H REQUI R (check	PORTING FINANCIAL INTER FURE HAS ALLOWED FILER RES FEWER CALCULATION: one):	S THE OPTION OF USING R S (see instructions for further	E, USUALLY BASED ON PERCENTAGE REPORTING THRESHOLDS THAT ARE details). PLEASE STATE BELOW WHETI R VALUE THRESHOLDS (new method)	HER
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n.G. Edwards		Fragers		trues (meuls	
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	NAME	IE [Major customers, clients, a OF MAJOR SOURCES BUSINESS' INCOME	and other sources of income t ADDRESS OF SOURCE	to businesses owned by the reporting pers PRINCIPAL BUSINES: ACTIVITY OF SOURC	S
			77 (6 11)		
			PAR 11		
PART C REAL PROPERTY [Land,	ouildings (owned by the reporting persor	וו	FILING INSTRUCTIONS for and where to file this form are lo ed at the bottom of page 2.	
				INSTRUCTIONS on who must this form and how to fill it out be on page 3.	
				OTHER FORMS you may need file are described on page 6.	d to

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Stocks, Bonds Mut.		4. G.	Edwards		
PART E — LIABILITIES [Major of NAME OF CRED		<u> </u>		ADDRESS OF CRE	DITOR
PART F — INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or posi	tions in ce	tain types of businesses]	
	BUSINESS ENT	ITY # 1	<u></u>	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): 6-8-02					

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