FORM 1	STATEM	2002					
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS					
LAST NAME FIRST NAME MIDD	LE NAME :	FOR OFF	FICE				
	nise	USE ONL	Y:				
MAILING ADDRESS:	Bivd # 101		<u>V</u>				
			ID Code				
Bonita Springs	34/35 LCC	<u> </u>					
Lee County	ZIP: COUNTY:		ID No.				
NAME OF AGENCY:	1		Conf. Code				
MSTBU COOF div			P. Req. Code				
			T. Neq. Gode				
CHECK IF CANDIDATE OR	■ NEW EMPLOYEE OR APPOIN	ΓEE					
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 FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME		e reporting person] RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Lee County	2115 Second Si		County Governmen				
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to be ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
<u> </u>							

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.

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

PART D — INTANGIBLE PERSO TYPE OF INTANG		cks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO	WHICH THE I	PROPERTY RELATES	
401K Stocks		Dun + Bradstreet				
RRSP (Canada)		Self retigement plan				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
Washington Mutual BK (Mortgage)		P.O.BOX 3139 Milway Kee 11/50 53201-3/39				
Singles Hatal DE (Mer 1925)		P.O.Box 3139 Milwauker, Wisc 53201-3139 P.O.Box 11829 Tampa Fl 1533680-1829				
Suneris I Sentin . Eg I Car		1 = 3 × 30 10 × 1				
PART F — INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or positi	ons in certain types of busine	sses]		
	BUSINESS ENT	TTY # 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	A THROUGH F AR	E CONTINUE	D ON A SEPARATE SI	HEET, PLE	ASE CHECK HERE	
SIGNATURE (required): Denne Satat DATE SIGNED (required): June 1, 2003						
FILING INSTRUCTIONS:						
WHAT TO FILE: WHERE TO FILE: WHEN TO FILE: WHEN TO FILE:						
After completing all parts of this form, including If you were mailed the form by the Commission Initially, each local officer/employee, state signing and dating it, send back only the first on Ethics or a County Supervisor of Elections officer and specified state employee must file						

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.

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.

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.