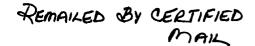


COPY



IMPORTANT NOTICE

TO:

Local Officer

FROM:

Philinda A. Young

Supervisor of Elections, Lee County

DATE:

August 12, 2003

SUBJECT:

Form 1 Statement of Financial Interests for 2002

Enclosed is a Form 1, Statement of Financial Interests, to complete and return in order to satisfy your obligation to file financial disclosure for last year. The mailing label on the envelope lists the public position that requires you to file. The Florida Commission on Ethics provided our office with an incorrect mailing address for you on the list of required filers the Commission provides to our office.

Persons serving as of December 31, 2002 (along with those officials elected in 2002 whose terms began in 2003) are required to file this year. **Even if you left the position noted on the mailing label during 2003**, you are required to file disclosure for 2002 on this form. (Note: that if you left your position during 2003, you are also required to file a **(Form 1-F FINAL Statement of Financial Interests)** covering a portion of the year 2003. See the instructions on Form 1, page 6.)

WHEN TO FILE: On or before September 1, 2003

WHERE TO FILE: Please return the completed form, **including signature** and date (on page 2 of the form), to:

LEE COUNTY ELECTIONS OFFICE P O BOX 2545, FORT MYERS FL 33902-2545

THE ROLE OF THE SUPERVISOR OF ELECTIONS IS TO RECEIVE AND MAINTAIN THE FINANCIAL DISCLOSURE FORM AS PUBLIC RECORD

Please do not file the form with the Florida Commission on Ethics in Tallahassee QUESTIONS?:

HOW DO I COMPLETE THE FORM? Instructions for completing this form are attached at pages 3-6 of Form 1. Any questions regarding the instructions on the form should be directed to the office of the Florida Commission on Ethics at 1-850-488-7864.

WHY DID I RECEIVE THIS FORM? If you think you have received this form in error, please contact the **financial disclosure coordinator for your agency**, who has provided your name based on your official position and responsibilities. If appropriate, the local agency's coordinator will contact the Commission on Ethics to remove your name from the list. To find your agency's coordinator and how to contact that person, either contact our office or see the list that is posted on the Ethics Commission's **web-site at:** www.ethics.state.fl.us.

IMPORTANT NOTE:

Persons who fail to file the annual disclosure form by September 1st are subject to <u>automatic fines of</u> <u>\$25.00 for each late day.</u>

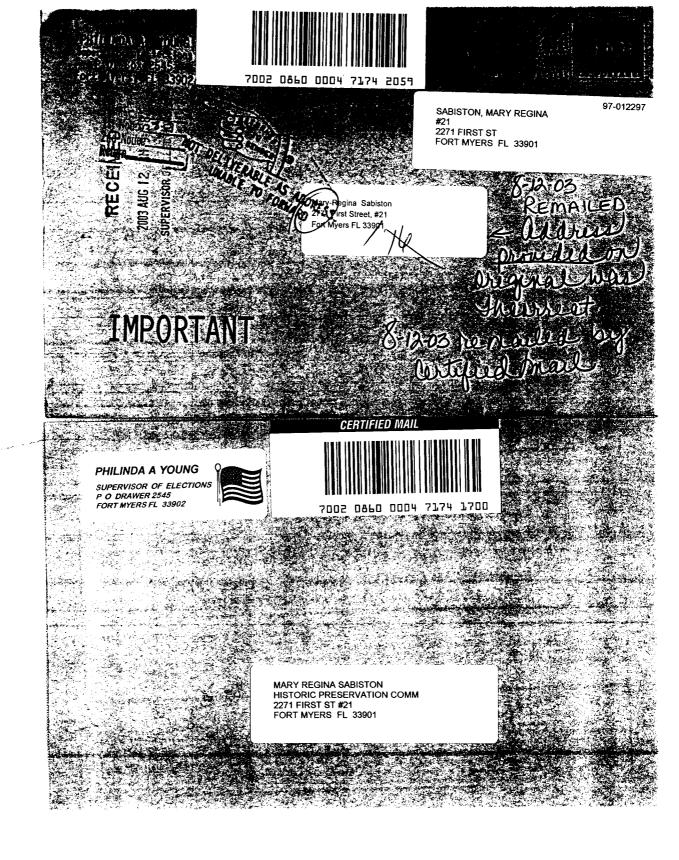
The Florida Commission on Ethics prepares the list of persons required to file financial disclosure. The Commission obtains the names and addresses from coordinators for each local government agency.

Your cooperation is appreciated.

97-012297

Enclosure

SABISTON, MARY REGINA #21 2271 FIRST ST FORT MYERS FL 33901



| FORM 1 | STATEM | ENT OF | 2002 | |
|---|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL | INTERESTS | Pm 9-4-03 | |
| LAST NAME FIRST NAME MIDDLE NA | 1 " | FOR O USE O | FFICE ' | |
| MAILING ADDRESS: 2271 FIRST ST | #21 | | ID Code of and | |
| CITY: Z | IP: COUNTY: | | 10 3 B 2 2 7 1 | |
| FT Myers NAME OF AGENCY: | 33901 | Lee | ID No. | |
| NAME OF OFFICE OR POSITION HELD O | R SOUGHT : | <u> </u> | Conf. Code P. Beq. Code | |
| Vice Chairpers | NEW EMPLOYEE OR APPOIN | TEC | and the state of t | |
| CHECK IF CANDIDATE OR | PNEW EMPLOYEE OR APPOIN | IEE | | |
| A FISCAL YEAR. PLEASE STATE BELOW | WHETHER THIS STATEMENT IS | RECEDING TAX YEAR, WHET FOR THE PRECEDING TAX | | |
| DECEMBER 31, 2002 MANNER OF CALCULATING REPORTABLE | | TAX YEAR IF OTHER THAN | THE CALENDAR YEAR: | |
| THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE ST. COMPARATIVE (PERCENTAGE) THE | USING COMPARATIVE THRES ATE BELOW WHETHER THIS ST | HOLDS, WHICH ARE USUA <mark>I</mark> | ARE ABSOLUTE DOLLAR VALUES, WHICH LY BASED ON PERCENTAGE VALUES (see R (check one): DOLLAR VALUE THRESHOLDS | |
| PART A PRIMARY SOURCES OF INCOM | ME [Major sources of income to the | | DESCRIPTION OF THE SOURCE'S | |
| Arcadeny High Lee to School District | 3650 Michigan | RESS And Ft Musici | PRINCIPAL BUSINESS ACTIVITY Edu can on | |
| Lee to School District | Saso Michigan | ave iterages | zeo carron | |
| | | | | |
| | | | | |
| | COME [Major customers, clients, AME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | | |
| | | | | |
| | | | | |
| | | | | |
| | | i e | | |
| PART C REAL PROPERTY [Land, buildi | ngs owned by the reporting perso | n] | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. | |
| PART C REAL PROPERTY [Land, buildi | ngs owned by the reporting perso | n] | | |

| PART D — INTANGIBLE PERSO TYPE OF INTANG | ONAL PROPERTY (Stories) | cks, bonds, certific | | | THE PROPERTY RELATES |
|--|-------------------------|----------------------|---|--------------------------------|--|
| IRA | | Rus | | inuverel | Grap |
| | | | | 1160000 | Cital |
| | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | <u> </u> | |
| | 400-1 | | | , - u , | 1-10-10-10-10-10-10-10-10-10-10-10-10-10 |
| PART E — LIABILITIES [Major NAME OF CREE | | 1 | • | ADDRESS OF | CREDITOR |
| US Dept of Edu | cation | PO BOX | 4609 | Vtica | NY 13504-4609 |
| | | | 1 32 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PART F — INTERESTS IN SPECI | | | • | · | DUCINESS ENTITY # 2 |
| NAME OF | FIED BUSINESSES [C | | • | s of businesses] | BUSINESS ENTITY # 3 |
| NAME OF BUSINESS ENTITY ADDRESS OF | | | • | · | BUSINESS ENTITY # 3 |
| NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS | | | • | · | BUSINESS ENTITY # 3 |
| NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY | | | • | · | BUSINESS ENTITY # 3 |
| NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD | | | • | · | BUSINESS ENTITY # 3 |
| NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY | | | • | · | 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 | BUSINESS ENT | TITY # 1 | BUSINE | SS ENTITY # 2 | BUSINESS ENTITY # 3 PLEASE CHECK HERE |
| 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 | BUSINESS ENT | TITY # 1 | BUSINE | RATE SHEET, | |
| 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! | BUSINE | RATE SHEET, | PLEASE CHECK HERE |
| 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 SEPA STRUCT E: the form by the C | RATE SHEET, DATE SIGNI IONS: | PLEASE CHECK HERE |

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.

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 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.

PHILINDA A. YOUNG

Supervisor of Elections

County of Elec

04 SEP

P.O. DRAWER 2545 Fort Myers, Florida 33902-2545

SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS, FL 33902-2545

BERNIE FELICIANO