| FORM 1  |                       | 2003                           |   |  |   |  |  |  |
|---|-----------------------|--------------------------------|---|--|---|--|--|--|
| Please print or type your name, mailing address, agency name, and position be   | ow: FINAN             | ICIAL INTE                     | RESTS                                     |  | UPERVIO   |  |  |  |
| LAST NAME FIRST NAME MIDE<br>SASSANO<br>MAILING ADDRESS:<br>4883 ROYAL  | GAYLE                 | M                              | FOR OFF<br>USE ONL                        | Y: /   | 28  |  |  |  |
|   | 73938                 |                                |   | ID Code  |   |  |  |  |
| NAME OF OFFICE OR POSITION HI   |                       | RESCUE                         | 4   | Conf. Code   |   |  |  |  |
| COMMISSI<br>CHECK IF CANDIDATE OR   |                       | E OR APPOINTEE                 |   |  | <del>- , - , - , - , - , - , - , - , - , - ,</del>  |  |  |  |
| **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, 2003  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 INCOME [Major sources of income to the reporting person]  NAME OF SOURCE  OF INCOME  ADDRESS  |                       |                                | rson]                                     | DESCRIPTION OF THE SOURCE'S<br>PRINCIPAL BUSINESS ACTIVITY |   |  |  |  |
| School Dist of LeeC   | ounty 2055 Ca         | 2055 CONTRALANG-FT. MYLERS, FI |   |  | EDUCATION   |  |  |  |
| ENERGEN RESOURCES   | : 605 21 <sup>5</sup> | 605 21ST ST N-BIRMINGHAM, AL   |   |  | OIL   |  |  |  |
|   |                       |                                |   |  |   |  |  |  |
|   |                       |                                | ces of income to b<br>ADDRESS<br>F SOURCE | ESS PRINCIPAL BUSINESS                                     |   |  |  |  |
|   |                       |                                |   |  |   |  |  |  |
|   |                       |                                |   |  | ь   |  |  |  |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person]  |                       |                                |   |  | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. |  |  |  |
|   |                       |                                |   | this form ar<br>on page 3.                                 | TIONS on who must file and how to fill it out begin   |  |  |  |
|   |                       |                                |   |  | ORMS you may need to cribed on page 6.  |  |  |  |

| PART D — INTANGIBLE PERSONAL PROPERTY [Stock TYPE OF INTANGIBLE                                    |              | ks, bonds, certificates of deposit, etc.]    BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |  |            |                     |  |  |
|--|--------------|--|--|------------|---------------------|--|--|
| STOCKS   |              | Chas Schwab  |  |            |                     |  |  |
| CD   |              |  |  | FOD CREDIT | UNION               |  |  |
|  |              |  |  |            |                     |  |  |
|  |              |  |  |            |                     |  |  |
|  |              |  |  |            |                     |  |  |
|  |              |  |  |            |                     |  |  |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR  |              | ADDRESS OF CREDITOR  |  |            |                     |  |  |
|  |              |  |  |            |                     |  |  |
|  |              |  | ····                                   |            |                     |  |  |
|  |              |  |  |            |                     |  |  |
|  |              |  |  |            |                     |  |  |
|  |              |  |  |            |                     |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] |              |  |  |            |                     |  |  |
| NAME OF  | BUSINESS ENT | ITY # 1  | BUSINESS EN                            | ITITY#2    | BUSINESS ENTITY # 3 |  |  |
| 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<br>OWNERSHIP INTEREST   |              |  |  |            |                     |  |  |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE                   |              |  |  |            |                     |  |  |
| SIGNATURE (required): Jayle M Jassan DATE SIGNED (required): 5-2604                                |              |  |  |            |                     |  |  |
| 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.