FORM 1 STATEMENT OF						
FINANCIAL INTERESTS						
LAST NAME - FIRST NAME - MIDDLE NA	AME:	NAME OF REPORTING PE	RSON'S	AGENCY:		
Schlegner, Lynn H		Lee County Mascuto Control				
MAILING ADDRESS:		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
16961 Perry Ranch Rel						
N. 1.1 Myers F1 33917				SPECIFIED STATE EMPLOYEE		
city: zip: county: Charlette						
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):   Image: I						
PART A PRIMARY SOURCES OF INCOME [Major sources of income to th NAME OF SOURCE SOURC OF INCOME ADDR		DESCRIPTION OF THE SOURCE'S				
NO ANG						
		and the second sec	1			
	COME [Major customers, clients, a AME OF MAJOR SOURCES OF BUSINESS'S INCOME			es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
	na an a	5 of 10000				
			المتوجعة الم			
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			when locate INST this fo	IG INSTRUCTIONS for and where to file this form are d at the bottom of page 2. RUCTIONS on who must file orm and how to fill it out begin ge 3 of this packet.		
RECEIVED				ER FORMS you may need to e described on page 6.		

		التي الجميع المركز ا				
PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE			CH THE PROPERTY RELATES			
nore						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	<u> </u>	ADDRESS OF CREDITOR				
nene						
PART F INTERESTS IN SPECIFIED BUSINESS	ES [Ownership or positions i	n certain types of business	ses]			
		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	$\overline{\mathbf{X}}$					
ADDRESS OF BUSINESS ENTITY	mil					
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						
SIGNATURE: Rymm H Schulgmen DATE SIGNED: 1-3-01						
FILING INSTRUCTIONS:						
WHAT TO FILE:	WHERE TO FILE:		WHEN TO FILE:			
After completing all parts of this form, including signing and dating it, send back only the first	If you were mailed the form		Initially, each local officer, state officer, and specified state employee must file within 30			
sheet (pages 1 and 2) for filing.		our annual disclosure filing, return the form to <b>days</b> of the date of his or her appointment				
	Local officers file with	the Supervisor of	the beginning of employment. Appointees who must be confirmed by the Senate must file prior			
	Elections of the county in w reside. (If you do not pe	which you permanently	to confirmation, even if that is less than 30 days from the date of their appointment.			
NOTE: MULTIPLE FILING UNNECES- SARY:	Florida, file with the Supe where your agency has its l	ervisor of the county	<b>Candidates</b> for publicly-elected local office must file at the same time they file their quali-			

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.

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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

fying 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.