		24749				
FORM 1	STATEMENT OF	2001				
Please print or type your name, mailing address, agency name, and position below	FINANCIAL INTEREST	S				
LAST NAME FIRST NAME MIDDLI SCHIFFER, MIL MAILING ADDRESS :	ENAME: CHAEL ALLEN USE O	DFFICE DNLY:				
311 BAYSHORE	DRIVE	ID Code				
CITY: <u>CAPE</u> CORAL NAME OF AGENCY:	ZIP: COUNTY: LEE	ID No.				
Lee County High	Tech/ Center North	Conf. Code				
NAME OF OFFICE OR POSITION HEL DIRECTOR	D OR SOUGHT :	P. Req. Code				
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, 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: main text of						
PART A PRIMARY SOURCES OF IN NAME OF SOURCE	COME [Major sources of income to the reporting person]					
	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
The School Distr		Education - Public				
of Lee County	Ft. Myers, FL 33901					
PART B SECONDARY SOURCES O None NAME OF BUSINESS ENTITY	RT B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to not not income to not income to not income to not income to					
3/1 Bayshore Dr.	FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin					
Samibel' Beach Club	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		tocks, bonds, certific		sit, etc.] SS ENTITY TO WHI	CH THE PROPERT	Y RELATES				
T.S.A. Retirer	nent Acct	. Met	Lifa,	Insurance						
	nent Acct.		ential	Securitis						
Joint Savinas	Acct.	Prudo	mtial	Securiti						
J J										
					······································					
PART E — LIABILITIES [Major	debts]									
NAME OF CREDITOR NOME		4	ADDRESS OF CREDITOR							
PART F - INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]										
	BUSINESS E	NTITY # 1	BU	SINESS ENTITY # 2		BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY										
ADDRESS OF BUSINESS ENTITY	<u> </u>	<u> </u>								
	· · · · · · · · · · · · · · · · · · ·	·····								
POSITION HELD WITH ENTITY	 									
INTEREST IN THE BUSINESS		<u></u>	 							
IF ANY OF PARTS	A THROUGH F A		D ON A S	EPARATE SHE	ET, PLEASE CH	IECK HERE				
SIGNATURE (required):	Nichael	a. Xch	for	DATE SI	IGNED (required):	6-5-02				
FILING INSTRUCTIONS:										
WHAT TO FILE: WHERE TO FILE: WHEN TO FILE:										
signing and dating it, send back only the first of		If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections		Initially, each local officer/employee, state officer, and specified state employee must file						
to t Low of I NOTE: MULTIPLE FILING UNNECESSARY:		for your annual disclosure filing, return the form to that location. <i>Local officers/employees</i> file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county		within 30 days of the date of his or her appointment or of the beginning of employ- ment. 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.						
							here your agency has its headquarters.)		Candidates for publicly-elected local office must file at the same time they file their	
						calendar or fiscal year is not required to file a		State officers or specified state employees file with the Commission on Ethics, P.O. Drawer		qualifying papers.
				15709, Tallahassee			Thereafter, loca	al officers/employees, state		

Candidates file this form together with their

falls under, see the "Who Must File" Instructions

To determine what category your position

qualifying papers.

on page 3.

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.

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.