FORM 1 STATEMENT OF 2002 Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS LAST NAME -- FIRST NAME -- MIDDLE NAME : FOR OFFICE SCHOENHEIDER GEORGE THOMAS USE ONLY: MAILING ADDRESS : ALMETTO DUNG DRIVE ID Code ID No. LSTERC NAME OF AGENCY: Conf. Code KIVER RIDGE COMMONITY D NAME OF OFFICE OR POSITION HELD OR SOUGHT: P. Req. Code SSISTANT SECRETARY CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE \*\*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** 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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME PRINCIPAL BUSINESS ACTIVITY **ADDRESS** KETURED 17025 PATTRICSON BLUD COMPUTER DArtea EH 45479 PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** NUNE FILING INSTRUCTIONS for when PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] and where to file this form are located at the bottom of page 2. 21771 PALMETTO DUNES DRIVE #202

CERRIPSE GOME ESTERO FL. 33928

INSTRUCTIONS on who must file this form and how to fill it out begin

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

on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE   BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
IRA'S CSOLOMON SMITH BARNE		r) UNRIONS STOCKS, CD'+ BONDS			
EAWH ACCOUNTS		CCLOWIAL BANK ANACON VARIOUS STUCKS, CD'S, BONDS			
BASH ACCOUNTLE	ANTE	VARIOUS	STUCKS, C	CO'S, BONOS	
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					استنجاب عدد محمد والله عليمة عن المحمد والله عليه المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد الم
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
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PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2 BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	Noat				
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					- <u></u>
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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):  DATE SIGNED (required):  O4-28/20e3					
FILING INSTRUCTIONS:					
WHAT TO FILE: WHEN 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.

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.

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.