FORM 1	STATEM	STATEMENT OF				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	<b>INTERESTS</b>	1			
LAST NAME - FIRST NAME - MIDDLE I SCHOMAN EILEEN	NAME:	FOR OF USE ON				
MAILING ADDRESS: 15180 BRIAE RIG	dge Circle		10.0	<u> </u>		
			ID Code	<b>R</b> 2002 J		
	221.0	16	ID No.	RECEIVED  2002 JUL -2 PM 12: 22  SUPERVISOR OF ELECTIONS		
NAME OF AGENCY: ÉCONOMIC DEUELO		ounty	Conf. Code	EIVED -2 PHI2:		
NAME OF OFFICE OR POSITION HELD	OR SOUGHT: I AN AGER		P. Req. Code	VED PH 12: 2:		
CHECK IF ( CANDIDATE OR	NEW EMPLOYEE OR APPOIN	TEE .		<b>X</b> 2		
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, 2001  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  MANNER OF CALCULATING REPORTABLE INTERESTS: PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):						
COMPARATIVE (PERCENTAGE)	·	OR DOLLAR V	ALUE THRESHO	LDS (new method)		
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]  NAME OF SOURCE  OF INCOME  ADDRESS				ON OF THE SOURCE'S BUSINESS ACTIVITY		
Economic DEUELOPLE		FIRST ST ST 306	Count			
	/					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of NAME OF MAJOR SOURCES ADDITION OF BUSINESS' INCOME OF SOURCES			1	d by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
<i>TO (</i> )						
PART C REAL PROPERTY [Land, buildings owned by the reporting person]				TRUCTIONS for when file this form are locatom of page 2.		
				ONS on who must file how to fill it out begin		
				RMS you may need to bed on page 6.		

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certifica	ites of deposit, etc.] BUSINESS ENTITY TO WHICH T	HE PROPERTY RELATES		
STOCK		TYCO INT				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
WACHOVIA BANK		1451 THOMAS LANGSTON RO. WINTERVILLE NC				
			u	INTERVILLE NC		
				28270		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTI	ITY # 1	BUSINESS ENTITY # 2	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						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):	Egh		DATE SIGNE	D (required): 629-02		
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.

### FILING INSTITU

# 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.