FORM 1	STATEMENT	Γ OF		2001	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT	<b>TERESTS</b>			
LAST NAME FIRST NAME MIDDLE N MAILING ADDRESS:	AME: H. J.	FOR OF			
or of Myers	70 3390 COUNTY:	2	ID Code		
NAME OF AGENCY:	ust.	ID No.			
NAME OF OFFICE OR POSITION HELD		P. Req. Code			
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINTEE				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN A FISCAL YEAR. PLEASE STATE BELOV DECEMBER 31, 2001	WHETHER THIS STATEMENT IS FOR TH		EAR ENDING EIT	HER (check one):	
MANNER OF CALCULATING REPORTAE PRIOR TO 2001, THE THRESHOLDS FOF VALUES. BEGINNING IN 2001, THE LEG ABSOLUTE DOLLAR VALUES, WHICH RE THIS STATEMENT REFLECTS EITHER (C	REPORTING FINANCIAL INTERESTS WI SLATURE HAS ALLOWED FILERS THE O EQUIRES FEWER CALCULATIONS (see in- neck one):	PTION OF USING REF structions for further de	PORTING THRESH	HOLDS THAT ARE	
COMPARATIVE (PERCENTAGE) T	HRESHOLDS (old method) <u>QR</u>	DOLLAR V	ALUE THRESHOL	.DS (new method)	
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporti SOURCE'S ADDRESS	ng person]		N OF THE SOURCE'S BUSINESS ACTIVITY	
John H. Sheare,	2050 miles	en Blue	Law	Pradu	
l l	Hoges 3	Lee	<u>, , , , , , , , , , , , , , , , , , , </u>		
PART B SECONDARY SOURCES OF IN NAME OF BUSINESS ENTITY	ICOME [Major customers, clients, and other AME OF MAJOR SOURCES OF BUSINESS' INCOME	r sources of income to ADDRESS OF SOURCE	į F	by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
have no	Morin Seminal	es africe	enne -	I have	
Constant	h.			0	
PART C REAL PROPERTY [Land, build	ings owned by the reporting person]	Tee Cent		TRUCTIONS for when ile this form are locat-	
1050 M Dreet	n Glid-Africe		ed at the botto	. •	
2963-1906 Rd - Mothers home			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
			OTHER FOR	RMS you may need to bed on page 6.	

DART D. INTANCIPLE DEDCONAL PROPERTY (CA	
TYPE OF INTANGIBLE	tocks, bonds, certificates of deposit, etc.]  BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
BRACOLS & CD al South	Gen Shearer
Trust-durtan It Mas	, /
Brack at 15thmon	
dontan-	Jon Glieary
PART E — LIABILITIES [Major debts]  , NAME OF CREDITOR	ADDRESS OF CREDITOR
1/110/5	<del></del>
700.	
PART F — INTERESTS IN SPECIFIED BUSINESSES	[Ownership or positions in certain types of businesses]
, DUCINICO EL	
I BUŞINESS EI	NTITY#1   BUSINESS ENTITY#2 / BUSINESS ENTITY#3
NAME OF 21/5/2	ntity#1 BUSINESS ENTITY#2 BUSINESS ENTITY#3
NAME OF BUSINESS ENTITY ADDRESS OF	BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 3  BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS  ADDRESS OF BUSINESS OF BUSINE	WILL SOM KAGER
NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD	Settred Galat Dens  Solotted Galat Dens  Walted Solot Medice  Les Denses Entity # 3  Business Entity # 3
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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 A  SIGNATURE (required):	John & Sensyer  Will St SOON Stager  rust law proudent  Juntered Server  terest in Land Trust Solitumer  RE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

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.