| FORM 1   | STATEM                           | ENT OF   | 2001   |  |  |  |
|--|----------------------------------|--|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position below:  | FINANÇIAL                        | INTERESTS  |  |  |  |  |
| LAST NAME FIRST NAME MIDDLE N  | AME:                             | FOR OF   |  |  |  |  |
| SHEEHAN JANE!  |                                  |  | Ø  |  |  |  |
| 2156 STEVENSON   |                                  | ID Code  |  |  |  |  |
| FT. MYERS 3  |                                  |  |  |  |  |  |
| CITY:  | COMMISSIONERS                    | ID No.   |  |  |  |  |
| NAME OF AGENCY:  | <u>COMMISSIO</u> VERS            | Conf. Code   |  |  |  |  |
| PURCHASING DIN  NAME OF OFFICE OR POSITION HELD OF   |                                  | P. Reg. Code   |  |  |  |  |
|  |                                  |  | 0)   |  |  |  |
| CHECK IF CANDIDATE OR  | NEW EMPLOYEE OR APPOIN           | ITEE   |  |  |  |  |
|  |                                  | •  | HER BASED ON A CALENDAR YEAR OR ON                           |  |  |  |
| A FISCAL YEAR. PLEASE STATE BELOV  DECEMBER 31, 2001   |                                  | S FOR THE PRECEDING TAX<br>Y TAX YEAR IF OTHER THAN              | ` '  |  |  |  |
| 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) I   | HRESHOLDS (old Method)           | OR U DOLLAR  | VALUE THRESHOLDS (new method)                                |  |  |  |
| PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME  | SOU                              | the reporting person]<br>JRCE'S<br>DRESS                         | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY      |  |  |  |
| Florida) Everblades  | 11000 Everblades                 |  | aist, maxager, Suites  |  |  |  |
|  |                                  | 33928  | Tea arene - Hold sporting                                    |  |  |  |
|  |                                  |  | events and concerts;   |  |  |  |
|  |                                  |  |  |  |  |  |
|  | NCOME [Major customers, clients, | and other sources of income to                                   | businesses owned by the reporting person] PRINCIPAL BUSINESS |  |  |  |
| BUSINESS ENTITY  | OF BUSINESS' INCOME              | OF SOURCE  | ACTIVITY OF SOURCE   |  |  |  |
| N/H  |                                  | ļ  |  |  |  |  |
|  |                                  |  |  |  |  |  |
|  |                                  | <del> </del>   |  |  |  |  |
| PART C REAL PROPERTY [Land, build  | FILING INSTRUCTIONS for when     |  |  |  |  |  |
| 2063 W. Lakeview L   | tl 33902                         | and where to file this form are located at the bottom of page 2. |  |  |  |  |
| my name is listed of   | 1 paperwork                      | INSTRUCTIONS on who must file                                    |  |  |  |  |
| V  |                                  |  | 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 PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE   BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |              |                               |                                |                     |  |  |
|--|--------------|-------------------------------|--------------------------------|---------------------|--|--|
| CD's, sairing, Checking  |              | Suxcoast Schools Credit Usion |                                |                     |  |  |
| till and mutual hade   |              | Pebseo thru Naco              |                                |                     |  |  |
| signa was minute   | - Janes      |                               | Jour March                     |                     |  |  |
|  |              |                               |                                |                     |  |  |
|  |              |                               |                                |                     |  |  |
|  |              |                               |                                |                     |  |  |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR  |              | ADDRESS OF CREDITOR           |                                |                     |  |  |
| N/A  |              |                               |                                |                     |  |  |
|  |              |                               |                                |                     |  |  |
|  |              |                               |                                |                     |  |  |
|  |              |                               |                                |                     |  |  |
|  |              |                               |                                |                     |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]   |              |                               |                                |                     |  |  |
|  | BUSINESS ENT | TITY # 1                      | BUSINESS ENTITY # 2            | BUSINESS ENTITY # 3 |  |  |
| NAME OF<br>BUSINESS ENTITY   | NIA          |                               |                                |                     |  |  |
| ADDRESS OF<br>BUSINESS ENTITY  | 7            |                               |                                |                     |  |  |
| PRINCIPAL BUSINESS<br>ACTIVITY   |              |                               |                                |                     |  |  |
| POSITION HELD<br>WITH ENTITY   |              |                               |                                |                     |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS   |              |                               |                                |                     |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST   |              |                               |                                |                     |  |  |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE   |              |                               |                                |                     |  |  |
| SIGNATURE (required):  | uet Kay She  | ehan                          | DATE SIGNED (required): 6-3-02 |                     |  |  |
| 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.

# 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.