FORM 1	STAT		2002						
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS									
LAST NAME FIRST NAME MIDDI	ENAME:		FOR OF						
MAILING ADDRESS	- Waltzing		1/	1/0 L	7003 SUPER				
12176 Pulomino	ane_	\dashv $/$ $'$) DE CO	ode 🗧 🖺					
CITY: Myer's	33912 zip: coui	 //		130 P					
NAME OF AGENCY :		-	ID No						
pe me and Water Conservation District									
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Supervisor on the Lee SWCD Bound									
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 OR 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 (PERCENTAG		<u>OR</u>		DOLLAR \	/ALUE THRESHOLDS				
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME	į				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Yoder Brothers Inc	PO Box 230,	PO Box 230, Burberton, OH 4			1203 Wholesale Starter Plants				
									
PART B SECONDARY SOURCES (OF INCOME [Major customers	s, clients, and other sourc	es of income to	businesse	es owned by the reporting person]				
NAME OF NAME OF MAJOR SOURCES ADD			DDRESS SOURCE	RESS PRINCIPAL BUSINESS					
	and the state of t								
PART C REAL PROPERTY [Land,		G INSTRUCTIONS for when sere to file this form are locat-							
			he bottom of page 2.						
		· · · · · · · · · · · · · · · · · · ·		this fo	RUCTIONS on who must file rm and how to fill it out begin				
				on pag	e 3. R FORMS you may need to				
					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							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENTI	TY # 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):	Mel Sa	H.	DATE SIGNED (required): 6/30/03				
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.

CE FORM 1 - Eff. 1/2003 PAGE 2