| FORM 1 | STATEMENT O | 2003 | | | | |
|--|------------------------|------------------------------------|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL INTER | ESTS | | | | |
| LAST NAME FIRST NAME MIDDLE SHEINBERG MAILING ADDRESS: | | FOR OFFIC USE ONLY: | | | | |
| 6801 HARTLI | AND St | | | | | |
| | | | | | | |
| Et. MYERS | | | | | | |
| NAME OF AGENCY: 1 LEE COUM | \backslash | Conf. Code | | | | |
| NAME OF OFFICE OR POSITION HELD | | P. Req. Code | | | | |
| · · · | port MANAGER | -1 | V. | | | |
| CHECK IF CANDIDATE OR | | | | | | |
| **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, 2003 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): | | | | | | |
| | | | LAR VALUE THRESHOLDS | | | |
| PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME OF INCOME | | a | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | |
| Atos ORIGIN | PRUN NET MYE | 25 M | ANAGED SERVICES | | | |
| | | | | | | |
| | | | | | | |
| | | of income to bus DRESS OURCE | ESS PRINCIPAL BUSINESS | | | |
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| | | | ν. | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person] 150000 - 6801 HARTLAND ST Ff. My ERS FL 33912- | | | FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2. INSTRUCTIONS on who must file 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 | | | | | | | |
|--|------------------|---|--|-------------------------------|--|--|--|
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| | | | | | | | |
| PART E — LIABILITIES [Major debts NAME OF CREDITOR | | | ADDRESS | S OF CREI | DITOR | | |
| McCAugh AN MOTTALE | | COPAL GABLES | | | | | |
| RUN/CAST Schouls 1 | | | F.J. MAMERE | | | | |
| acutit the inter | | | | | | | |
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| PART F INTERESTS IN SPECIFIED | BUSINESSES [Ow | nership or positi | ons in certain types of businesse | es] | | | |
| 1 | BUSINESS ENTIT | FY#1 | BUSINESS ENTITY # | 2 | BUSINESS ENTITY # 3 | | |
| NAME OF BUSINESS ENTITY | None | - | | | | | |
| 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): | | | | | | | |
| Kon | n ter | nlerno | n | 7/3 | 0/04 | | |
| FILING INSTRUCTIONS: / | | | | | | | |
| WHAT TO FILE: | | IERE TO FIL | | | N TO FILE: | | |
| After completing all parts of this form, signing and dating it, send back onl | y the first on E | If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections | | officer, | Initially , each local officer/employee, state officer, and specified state employee must file | | |
| sheet (pages 1 and 2) for filing. | | for your annual disclosure filing, return the form to that location. | | | within 30 days of the date of his or her appointment or of the beginning of employ- ment. 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. | | |
| 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. | | Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently 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 | | the Se if that their a | | | |
| | | | | must | <i>dates</i> for publicly-elected local office file at the same time they file their ing papers. | | |
| | | | | officers | 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 posi- tions. 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 | | |
| | | qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. | | calend | | | |
| | | | | each l specifi final di | | | |
| | | | | of leav | ing office or employment. | | |