FORM1 STATE	MEN	TOF 2002				s m		
Pleaseprintortypeyourname, mailing address, agencyname, and position below: FINANCIALINTERES						PER JI		
LASTNAMEFIRSTNAMEMIDDLENAME: Stout,J.Nathan					FOROFFICE USEONCY: IDCode			
MAILINGADDRESS: 403JoanAve. Ste.D				VA	AC IDC	ode <u>9</u>		
	ZIP;	COUNTY:		\checkmark		56		
LehighAcres	339			-	IDNo).		
NAMEOFAGENCY: EastCountyWaterControlDistrict					Conf	Code		
NAMEOFOFFICEORPOSITIONHELI	DORSOU			PRe	q.Code			
Supervisor-Seat#5								
CHECKIF CANDIDATE OR		EWEMPLOYEEORAPPOINTE	E			PDF2002		
THISSECTIONMUSTBECOMPLETED DISCLOSUREPERIOD: THISSTATEMENTREFLECTSYOURFINANCIALINTERESTSFORTHEPRECEDINGTAXYEAR,WHETHERBASEDONACALENDARYEARORON AFISCALYEAR.PLEASESTATEBELOWWHETHERTHISSTATEMENTISFORTHEPRECEDINGTAXYEARENDINGEITHER(checkone): DECEMBER31,2002 OR_ SPECIFYTAXYEARIFOTHERTHANTHECALENDARYEAR:								
MANNEROFCALCULATINGREPORTABLEINTERESTS: 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 instructionsforfurtherdetails).PLEASESTATEBELOWWHETHERTHISSTATEMENTREFLECTSEITHER(checkone): Image: Comparative (percentage)Thresholds OR DOLLARVALUETHRESHOLDS								
PARTAPRIMARYSOURCESOFING NAMEOFSOURCE OFINCOME	OME	[Majorsourcesofincometothere SOURC ADDR	DESCRIPTIONOFTHESOURCE'S PRINCIPALBUSINESSACTIVITY					
J.NathanStout,CPA,PA		403JoanAve.,Ste.DLehighAcres,FL33971			Accounting&TaxPractice			
SupermixIndustries,Inc.		250MirrorLakeDr.NSt.Petersburg,FL33701			PremixedCementProduct			
CommercialRentalUnits		403JoanAve.LehighAcres,FL33971			CommercialRentalUnits			
PARTBSECONDARYSOURCESOFINCOME [Majorcustomers, clients, and other sources of income to businesses owned by the reporting person] NAMEOF NAMEOFMAJORSOURGES ADDRESS BUSINESSENTITY OFBUSINESS'INCOME OFSOURCE								
J.NathanStout,CPA,PA	Individu	al&BusinessClients	403JoanAve.Lehi	ghAcres	,FL	Accounting&TaxPractice		
SupermixIndustries,Inc.	ConstructionSuppliers&Cont.		250MirrorLakeDr.St.Pete.,Fi		FL	PremixedCementProd.		
CommercialRentalUnits	KevinSo	chumann,Tenant	403JoanAve.LehighAcres,FL		FL	CommercialRental		
PARTCREALPROPERTY [Land, buildingsownedbythereportingperson]					FILINGINSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.			
403 Joan Ave., Lehigh Acres, FL 33971								
ParcelID#1184428-A000155000HendryCounty,FL					INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
					OTHERFORMS youmayneed to file are described on page 6.			

PARTDINTANGIBLEPERSONALPROPERTY [Stock TYPEOFINTANGIBLE		cks,bonds,certificatesofdeposit,etc.] BUSINESSENTITYTOWHICHTHEPROPERTYRELATES						
Stock		J.NathanStout,CPA,PA						
	······································							
			<u></u>					
				• • • • • • • • • • • • • • • • • • •				
PARTE—LIABILITIES [Major NAMEOFCREDITOR	debts]	ADDRESSOFCREDITOR						
N/A								
	<u></u>		- <u></u>					
				Se .				
	<u></u>			2007 SUPEI				
	······································			S S R				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
	BUSINESS ENT	ITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY #						
NAME OF BUSINESS ENTITY	N/A							
ADDRESS OF BUSINESS ENTITY				9				
PRINCIPAL BUSINESS ACTIVITY				96 0				
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST								
SIGNATURE(required):	1/14)	\mathcal{A}_{-}	DATESIGNED(requ	ired): 6/11/63				
FILINGINSTRUCTIONS:								
	W							

After completing all parts of this form, including signing and dating it, send back only the first sheet(pages1and2)forfiling.

NOTE: MULTIPLEFILINGUNNECESSARY:

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 ofanotherpublicpositionmustatleastfileacopy ofhisorheroriginalForm1whenqualifying.

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 tothatlocation.

Localofficers/employees filewiththeSupervisor 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 whereyouragencyhasitsheadquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL32317-5709,

Candidates file this form together with their qualifyingpapers.

To determine what category your position falls under, see the "Who Must File" Instructions onpage3.

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 theSenatemustfilepriortoconfirmation, even if that is less than 30 days from the date of theirappointment.

Candidates for publicly-elected local office must file at the same time they file their qualifyingpapers.

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 finaldisclosureform (Form 1F) within 60 days ofleavingofficeoremployment.