FORM 1	STATEM	ENT OF		2001		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS				
LAST NAME FIRST NAME MIDDLE N	AME:	FOR O		ZOOR		
THIMLAR HUGH .	<u>S.</u>	USE OI	NLY:	PERVIS		
311 DEL MAR AUE.			ı ID Co			
Et MILLER BEMIN	23631 155		1000	ode C		
FT. MYERS BEACH	33931 <u>L.F.F.</u> ZIP: COUNTY:		ID No	, [ 3 G		
NAME OF AGENCY :			Conf	Code		
NAME OF OFFICE OR POSITION HELD O						
AIRPORT SPECIAL M		COMMITTEL	* P. RE	eq. Code		
,	NEW EMPLOYEE OR APPOIN					
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, 2001  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:						
		TAX TEAR II OTTER THAI	THE OALL	INDAK I LAK		
MANNER OF CALCULATING REPORTAE PRIOR TO 2001, THE THRESHOLDS FOR VALUES. BEGINNING IN 2001, THE LEG ABSOLUTE DOLLAR VALUES, WHICH RI THIS STATEMENT REFLECTS EITHER (c	R REPORTING FINANCIAL INTER IISLATURE HAS ALLOWED FILER EQUIRES FEWER CALCULATION	S THE OPTION OF USING RE	PORTING	THRESHOLDS THAT ARE		
COMPARATIVE (PERCENTAGE) T	HRESHOLDS (old method)	<u>OR</u> □ DOLLAR	VALUE TH	IRESHOLDS (new method)		
DART A DRIMARY COURCES OF INCO	SAC SAGing and a sharp of income An Al-					
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the NAME OF SOURCE SOUR ADDR		CE'S DESCRIPTION OF THE SOURCE'S				
STATE OF FI. DIVOF RET.						
Siring Of 17. DIVOF hel		EE, F/. 32399	JC.E.	IREMENT LNGOM		
SOCIAL SECURITY			SOCIAL SECURITY			
/				BENEFITS		
PART B SECONDARY SOURCES OF II	NCOME [Major customers, clients.	and other sources of income to	business	es owned by the reporting person		
	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
THIMLAR APARTMENTS	\$	509 CENTER	RO.	RENTAL		
	FT. MYERS,		3907	APARTMENTS		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are locat-			
THIMLAR APARTME		he bottom of page 2.				
203-5-5T		INSTRUCTIONS on who must file this form and how to fill it out begin				
17 APARTMEN		on pag	ge 3.			
HIMLAR RESIDENCE	MAR AUE.	OTHER FORMS you may need to file are described on page 6.				

PART D — INTANGIBLE PERSONAL PRO TYPE OF INTANGIBLE	PERTY [Stocks, bonds, ce			HE PROPERTY RELATES		
ANNUITY	UARI	ABLE	ANNUITY	LIFE INS. CO.		
SAUINGS			AMERIC.			
SAUINSS				SERAL CREDIT		
- D # 0 / W )				UNION		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	1	ADDRESS OF CREDITOR				
BANK OF AMER	ICA					
\$30,000						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
В	JSINESS ENTITY # 1	BU	SINESS 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): 948 8. Thinse DATE SIGNED (required): 1-13-03						

# 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.

# **FILING INSTRUCTIONS:**

## 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.