| FORM 1  |  | STATEMENT OF 2000   |   |  |  |  |  |
|---|--|---|---|--|--|--|--|
|   | ]  | FINANCIAL   | <b>INTERESTS</b>                                    | 5  |  |  |  |
| LAST NAME - FIRST NAME - MIL  VELEZ, SE  MAILING ADDRESS:   | 2610   | <b>TVAN</b>   |   | 77/5   | AGENCY: Div. Lee Co. いたいに  |  |  |
| FORT MYER CITY: ZIP:  |  | COUNTY:   | LIST OFFICE OR POSITION                             | ON HELD (  | SPECIFIED STATE EMPLOYEE   |  |  |
| A FISCAL YEAR. PLEASE STATE E  DECEMBER 31, 2000  MANNER OF CALCULATING REPORTOR TO 2001, THE THRESHOLD UES. BEGINNING IN 2001, THE LE DOLLAR VALUES, WHICH REQUIR MENT REFLECTS EITHER (check of the collaboration). | BELOW WHO  DRTABLE II S FOR REI GISLATUR ES FEWER ne): | IETHER THIS STATEMENT IS  OR  SPECIFY  NTERESTS: PORTING FINANCIAL INTERI E HAS ALLOWED FILERS TH | ESTS WERE COMPARATIVE HE OPTION OF USING REPO       | X YEAR EN<br>I THE CAL<br>E, USUALL'<br>DRTING TH<br>EASE STAT                                 | ENDAR YEAR: 2000   |  |  |
| PART A PRIMARY SOURCES OF<br>NAME OF SOURCE<br>OF INCOME  | INCOME   | [Major sources of income to th<br>SOURO<br>ADDRI  | CE'S  |  | RIPTION OF THE SOURCE'S<br>ICIPAL BUSINESS ACTIVITY                      |  |  |
| Lee Co. Bocc  |  | P.O. Box 398  |   |  | EMPLOYER   |  |  |
| UBRIOUS EMPLOYMENT<br>AT PRIAILSTOIES WIFE  |  | tr. Myers, t  |   |  | BY A FOW RETAIL STOYED DURING YR. 2000                                   |  |  |
| PART B SECONDARY SOURCES  NAME OF BUSINESS ENTITY   | NAM  | ME [Major customers, clients, a<br>E OF MAJOR SOURCES<br>BUSINESS'S INCOME                        | and other sources of income<br>ADDRESS<br>OF SOURCE | to business  | ses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE |  |  |
| PART C REAL PROPERTY [Land  | when   | INSTRUCTIONS for and where to file this form are and at the bottom of page 2.                     |   |  |  |  |  |
| Parklise Dr.  | + Dr   | T. MYERS  | 10. NY ET O 1                                       | MNSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet. |  |  |  |
|   |  |   | Eddical Oc  | E STU  | ER FORMS you may need to   |  |  |

RECEIVED

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 |      |  |                                  |                     |  |  |  |  |
|---|------|--|----------------------------------|---------------------|--|--|--|--|
| わらりこ  |      |  |                                  |                     |  |  |  |  |
|   |      |  |                                  |                     |  |  |  |  |
|   |      |  |                                  |                     |  |  |  |  |
|   |      |  |                                  |                     |  |  |  |  |
|   |      |  |                                  |                     |  |  |  |  |
|   |      |  |                                  |                     |  |  |  |  |
| PART E — LIABILITIES [Major debts]  NAME OF CREDITOR  |      | ADDRESS OF CREDITOR                    |                                  |                     |  |  |  |  |
| DOVEDMUEHLE HOMEAGETY   |      | P.O.Box 0054; Palatine IL 60055-0054   |                                  |                     |  |  |  |  |
| AN South  |      | PO. Box 1984; BIRMINGHAM ALABAMA 35201 |                                  |                     |  |  |  |  |
| Ford Credit   |      | 7,0,Box                                | 830339 BIRMINGHAM, AL 35283-0339 |                     |  |  |  |  |
|   |      |  | <b>,</b>                         |                     |  |  |  |  |
|   |      |  |                                  |                     |  |  |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]  |      |  |                                  |                     |  |  |  |  |
| BUSINESS ENT  |      | TTY # 1                                | BUSINESS ENTITY # 2              | BUSINESS ENTITY # 3 |  |  |  |  |
| NAME OF<br>BUSINESS ENTITY  | 3604 |  |                                  |                     |  |  |  |  |
| ADDRESS OF<br>BUSINESS ENTITY   |      |  |                                  |                     |  |  |  |  |
| 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: DATE SIGNED:   |      |  |                                  |                     |  |  |  |  |
| 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 UNNECES-SARY:

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 file with the Supervisor of Elections of the county in which you 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 your 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, 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, 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, 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. 1/2001 PAGE 2