FORM 1	STATEMENT OF		2002			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERI	ESTS [				
LAST NAME FIRST NAME MIDDLE N WEIN MEISTEL NA MAILING ADDRESS :	NCY LYNNE	FOR OFFICE USE ONLY:				
4536 SW 16th RACE			D Code 50 15 10			
	33914 LŒ		MISON MEDICAL			
LEE COUNTY R	COUNTY:	1.	D Code ENVISUA O PRODUCTION OF THE PRODUCTION OF			
NAME OF AGENCY: SR. ACCOUNT CU			D Code  EN 150 P. 2: 54  Conf. Code  P. Req. Code			
NAME OF OFFICE OR POSITION HELD O	DR SOUGHT:	) F	P. Req. Code			
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:  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 (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting person] SOURCE'S ADDRESS	]	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
LEE WUNTY BOCK						
	ICOME [Major customers, clients, and other sources of AME OF MAJOR SOURCES ADDROF OF BUSINESS' INCOME OF SO	RESS	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NA						
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			LING INSTRUCTIONS for when d 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 PERSO TYPE OF INTANGI		ks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WHICH	THE PROPERTY RELATES	
CILECKING		SOUTH TRUST			
SAVINGS					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
1 .			· · · · · · · · · · · · · · · · · · ·		
MA					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
BUSINESS ENTIT		TY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY	·				
PRINCIPAL BUSINESS ACTIVITY	WA				
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):  May f Weinsmusen 6/9/03  FILING INSTRUCTIONS:					
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.

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