FORM 1	STATEMENT OF	2002		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS	5		
LAST NAME FIRST NAME MIDDLE NAM		Jeffice DRLY:		
MAILIN WHEATON, GEORGE N JF 16860 FOX DEN FORT MYERS FL 33908	60-001239	ID Code RVISUR OF ID No.		
CITY : NAME OF AGENCY : NAME OF OFFICE OR POSITION HELD OF	ZQZC SOUGHT :	ID No. Conf. Code P. Req. Code N. Code		
	NEW EMPLOYEE OR APPOINTEE			
	E [Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Whatten Replisht	FT, MYORS, FT,	Roltestate FALES		
NAME OF I NA	OME [Major customers, clients, and other sources of income to ME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildin 3 Jun 10 Ac, OK Band Scitc. Gl	gs owned by the reporting person]	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.		

CE FORM 1 - Eff. 1/2003 (Continued on reverse side)

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE ] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
	N			
	A			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR ADDRESS OF CREDITOR				
	N	· · · · · · · · · · · · · · · · · · ·		
	A			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]				
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY	N			
PRINCIPAL BUSINESS ACTIVITY	· · · · · · · · · · · · · · · · · · ·			
POSITION HELD WITH ENTITY	- FI			
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): DATE SIGNED (required): 6/10/03				
FILING INSTRUCTIONS:				
WHAT TO FILE: WHERE TO FILE: WHEN 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.

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.

*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.