FORM 1	STATEM	ENT OF		2002			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERES	TS [, j			
LAST NAME FIRST NAME MIDDLE N LAIL IAMS LEVIN M MAILING ADDRESS:			OR OFFICE SE ONLY:	AC.			
11568 TIMBEPLINE BY		, ID (Code III				
Fr. Myors	# 339/2 UE ZIP: COUNTY:	港	ID N	VINE /8			
NAME OF AGENCY: HISTORICAL PEVIE			Con	nf. Code / ် ယု 🖰			
NAME OF OFFICE OR POSITION HELD OF DEPTH OF THE PROPERTY OF TH		P. R	req. Code				
CHECK IF CANDIDATE OR	MEW EMPLOYEE OR APPOIN	ITEE					
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: MANNER OF CALCULATING REPORTABLE INTERESTS: 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 INCOME [Major sources of income to the reporting person]							
NAME OF SOURCE OF INCOME	ADD	IRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
to the fix me		Parm St. Brulo Pt 33919	. Arci	htedwal servicus			
DART B. CECONDARY COURCES OF II	NOOME (Major systemate plients	and other courses of ince					
PART B SECONDARY SOURCES OF INCOME [Major customers, clien NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, build	n]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
/15ab /IMBE/LLINE	(/JOMES /CHA)			TRUCTIONS on who must file orm and how to fill it out begin age 3.			
				ER FORMS you may need to re 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						
STOCKS (Comman)		PSSW Amnitects Inc.				
910-15 (CONTINUE)		- 				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
Sytrust Mortagae						
00						
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	BSSW Architects	Inc.				
ADDRESS OF BUSINESS ENTITY	DDRESS OF					
PRINCIPAL BUSINESS ACTIVITY	RINCIPAL BUSINESS					
POSITION HELD WITH ENTITY	ITION HELD 1/1 a Drost dunt					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes					
NATURE OF MY OWNERSHIP INTEREST	Stack.					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required): 8/5/03						
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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