| FORM 1 | STATEMENT OF 2000 | | | |
|---|---|--|--|--|
| FINANCIAL INTERESTS | | | | |
| LAST NAME - FIRST NAME - MID | DLE NAME: | NAME OF REPORTING PE | RSON'S AGENCY: | |
| Mailing address: | phn C. | LEE COUNTY | SCHOOL DISTRICT | |
| - | a Dr. Apt. 304 | CHECK ONE OF THE FOLI | OWING (see "Who Must File" on page 3): | |
| Fort Myers H | Z. 33908 LEE COUNTY: | | ER STATE OFFICER | |
| CITY: ZIP: | COUNTY: | LIST OFFICE OR POSITIO | | |
| | | | | |
| 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, 2000 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS (old method) OR DOLLAR VALUE THRESHOLDS (new method) | | | | |
| NAME OF SOURCE | INCOME [Major sources of income to the SOUR | CE'S | DESCRIPTION OF THE SOURCE'S | |
| OF INCOME | OL DISTRICT 2055 | - P. J. A. | PRINCIPAL BUSINESS ACTIVITY | |
| LLE COUNTY SCORE | Et M | Central 112, | Laucanon | |
| | | CI3/12. 55/01 | | |
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| | | | | |
| PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY | OF INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS'S INCOME | and other sources of income to ADDRESS OF SOURCE | businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| | | | | |
| | L | | | |
| | | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person] | | | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet. OTHER FORMS you may need to | |
| Q3A13038 file are described on page 6. | | | | |

| PART D — INTANGIBLE PERSONAL PR | OPERTY [Stocks, bonds, c | | ICH THE PROPERTY RELATES | |
|--|----------------------------|--|--|--|
| Ketiremont Annui | ty Am | rican Express | Financial Advisors | |
| Hong Market 4 | ccant An | A. Fatiands + | Same For Gale of Home | |
| | | | MATE of Jale 5/01 | |
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| PART E — LIABILITIES [Major debts] NAME OF CREDITOR | 1 | ADDRESS OF CREDITOR | | |
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| PART F - INTERESTS IN SPECIFIED B | USINESSES [Ownership (| or positions in certain types of busine | sses] | |
| | BUSINESS ENTITY # 1 | BUSINESS 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 | ******************* | | | |
| OWNERSHIP INTEREST | | | | |
| IF ANY OF PARTS A THRO | OUGH F ARE CONTIN | NUED ON A SEPARATE SHE | ET, PLEASE CHECK HERE | |
| | | | | |
| SIGNATURE: | Han) | DATES | SIGNED: 5/31/01 | |
| | الأي الأرباني الأي الأرب | | | |
| \mathcal{O} | FILING | INSTRUCTIONS: | | |
| WHAT TO FILE: | WHERE TO | | WHEN TO FILE: | |
| After completing all parts of this form, inc signing and dating it, send back only th | | If you were mailed the form by the Commission Initially, each local officer, state officer, ar on Ethics or a County Supervisor of Elections for specified state employee must file within 3 | | |
| sheet (pages 1 and 2) for filing. | | your annual disclosure filing, return the form to days of the date of his or her appointment o | | |
| | | rs file with the Supervisor of | must be confirmed by the Senate must file prior | |
| | Elections of the | e county in which you permanently | 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.

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.

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.