# FORM 1

# STATEMENT OF

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Please print or type your name, mailing address, agency name, and position below

# FINANCIAL INTERESTS

ddress, agency name, and position below:	FINANCIAL	INTERESTS		
AST NAME FIRST NAME MIDDLE NAME	:	FOR OFFI	REC.	
Judith Ann Zimomra	USE ONLY	· PE E A		
MAILING ADDRESS:				
P.O. Box 1601			ID Code	
			ID Code	
CITY: ZIP Sanibel Island			ID Code  ID No.  Conf. Code	
NAME OF AGENCY:	33937. GEE		O <sub>W</sub> C	
City of Sanibel			Conf. Code	
NAME OF OFFICE OR POSITION HELD OR S	SOUGHT:		P. Req. Code	
City Manager				
CHECK IF 🔼 CANDIDATE OR 🔲 N	NEW EMPLOYEE OR APPOINT	EE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCE A FISCAL YEAR. PLEASE STATE BELOW WI DECEMBER 31, 2001  MANNER OF CALCULATING REPORTABLE	HETHER THIS STATEMENT IS  OR SPECIFY  INTERESTS:	FOR THE PRECEDING TAX YEAT TAX YEAR IF OTHER THAN THE	AR ENDING EITHER (check one): E CALENDAR YEAR:	
PRIOR TO 2001, THE THRESHOLDS FOR REVALUES. BEGINNING IN 2001, THE LEGISLABSOLUTE DOLLAR VALUES, WHICH REQUIRES STATEMENT REFLECTS EITHER (check)  COMPARATIVE (PERCENTAGE) THRESHOLDS FOR RESERVED TH	ATURE HAS ALLOWED FILERS HRES FEWER CALCULATIONS k one):	THE OPTION OF USING REPO (see instructions for further detains)	ORTING THRESHOLDS THAT ARE	
PART A — PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	[Major sources of income to the SOUR ADDR	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
	G-14	garaina Pond	Rental Property	
Rental Income	3388 Carson Salt		Renear - ropersy	
Rental Income	Newton Falls, OH 44444 3562 Neuton Falls Tomlinson Rd		Rental Property	
Kental Income				
	Newton Falls, O	1 44444		
PART B - SECONDARY SOURCES OF INCO	ME Major customers, clients, a	and other sources of income to bu	sinesses owned by the reporting person]	
	E OF MAJOR SOURCES	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
BUSINESS ENTITY O	F BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, building:	s owned by the reporting person		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
		<del></del>	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	
			OTHER FORMS you may need to	

PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	(Stocks, bonds, ce	ertificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE			
Stocks	PNC R	alston			
Banking Accounts	- I	of America			
Savings	Bank	of America			
Deferred Compensation	Ohio P	Ohio Public Employees Deferred Compensation Plan			
		·			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
Country Wide Home Mortga	ges P.O.	Box 660694 Dallas. TX 7	75266		
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
4					
		to the second of			
PART F — INTERESTS IN SPECIFIED BUSINESSES	Ownership or no	eitions in cartain types of hypinesses!			
BUSINESS					
NAME OF	ENIIIT#I	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF	<del>.</del>	<del></del>			
BUSINESS ENTITY	···				
PRINCIPAL BUSINESS ACTIVITY					
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 CONTINU	IED ON A SEPARATE SHEET, PLE	ASE CHECK HERE		
SIGNATURE (required):	·	DATE SIGNED (n	pquired):		

#### 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.

# **FILING INSTRUCTIONS:**

### 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.

RECEIVED SUPERVISOR OF ELECTIONS



800 Dunlop Road Sanibel, Florida 33957

City of Sanibel

Lee County Elections Office P.O. Box 2545
Fort Myers, FL 33902-2545

1st Notice

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