FORM 1		STATEM	ENT OF	7		2002	
Please print or type your name, mailing adoress, agency name, and position belo	v:	FINANCIAL	INTER	ESTS			
LAST NAME FIRST NAME MIDDL	E NAME	:		FOR OF	FIGE		
Agnew Laure		<u>C</u>		USE ON	ALA;		
9990 Coconut P	oad	Ala					
						ode 7	
CITY:	ZIP	COUNTY:		1	10.		
Bonita Springs NAME OF AGENCY:	F	- 34135-8	488 Lee	-		Superior 10 10 10 10 10 10 10 10 10 10 10 10 10	
Brooks of Bonte ?			Development	+	Con	f. Code	
					P.R	deq. Code	
Secretary Super							
CHECK IF CANDIDATE OR	י נט	NEW EMPLOYEE OR APPOIN	TEE				
		THIS SECTION MUS	T BE COMPLETE	:D			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR							
A FISCAL YEAR. PLEASE STATE BEI DECEMBER 31, 2002			FOR THE PRECE TAX YEAR IF OTH				
MANNER OF CALCULATING REPOR			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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 REFLEC COMPARATIVE (PERCENTAGE) THRESHOLDS OR						one): VALUE THRESHOLDS	
•					- 0225 (1)	Wilder Williams	
NAME OF SOURCE OF INCOME	[Major sources of income to the reporting person] SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
		4990 Coconut Road Suite 200			land developen		
The Bonita Bay Proporties, Inc.		Bonta Springs				seve topics	
		7 3					
PART B SECONDARY SOURCES O	F INCC	ME [Major customers, clients,	and other sources	of income to	busines	ses owned by the reporting person]	
		IE OF MAJOR SOURCES ADDRES F BUSINESS' INCOME OF SOUR				PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NIA							
PART C REAL PROPERTY [Land, I	uildings	owned by the reporting perso	n]		and v	NG INSTRUCTIONS for when where to file this form are locat-	
ALN						the bottom of page 2.	
						FRUCTIONS on who must file orm and how to fill it out begin age 3.	
	 -					ER FORMS you may need to	

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certific		TO WHICH THE P	ROPERTY RELATES		
401K motual funds		Nationwide Investment Services .					
mutual funds, IRA, Roth		-	d James				
,	<i>3</i>	3					
				····			
			·			- 	
PART E — LIABILITIES [Major on NAME OF CREE	ADDRESS OF CREDITOR						
AIN							
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENT	ITY # 1	BUSINESS EN	NTITY#2	BUSINESS EI	NTITY#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							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): 6/16/03							

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.

FORM 1	STA	TEMENT	OF		2002			
Please print or type your name, mailing address, agency name, and position below	FINAN	CIAL INTE	ERESTS					
LAST NAME FIRST NAME MIDDL	LAST NAME FIRST NAME MIDDLE NAME : FOR OFFICE							
Agnew Laura	C	USE ON						
9990 Coconut R			<u> </u>					
				ID C	ode The Company of th			
CITY:	ZIP: (COUNTY:			00 10			
Bonita Springs NAME OF AGENCY:	FL 3'	1135-8488 L	ee	ID N				
			•	Conf	. Code			
9990 Coconut Boad Suite 200 ID Code ID Code ID Code ID Code ID Code ID No. Bonita Springs FL 34135-8488 Lee NAME OF AGENCY: Brooks of Bonita Springs IT Community Development NAME OF OFFICE OR POSITION HELD OR SOUGHT: District P. Req. Code P. Req. Code								
Secretary / Juper	NSOT				U.			
CHECK IF CANDIDATE OR								
:	·**THIS S	ECTION MUST BE COMP	LETED**					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR								
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 REPORT	ABLE INTERESTS:							
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS,								
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	<u>OR</u>		OLLAR	VALUE THRESHOLDS			
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME ADDRESS			person]	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
The Bonita Bay Group	4990 Cm		de 200					
Bonta Bay Properties, in	1_	Bonta Springs, FL 34135-84			0505:000			
PART B SECONDARY SOURCES O	FINCOME [Major custo	mers, clients, and other so	urces of income to	business	es owned by the reporting person]			
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES ADDRESS F BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NIA								
PART C REAL PROPERTY [Land, b	uildings owned by the re			IG INSTRUCTIONS for when here to file this form are locat-				
NJA				the bottom of page 2.				
			INSTRUCTIONS on who must file this form and how to fill it out begin					
······································				on pag				
				OTH	ER FORMS you may need to			

PART D — INTANGIBLE PERSO TYPE OF INTANGI		, bonds, certificates of BU	deposit, etc.] SINESS ENTITY TO WHICH T	HE PROPERTY RELATES		
401K - motual funds		Nationwide	Investment Servi	ces + .		
mutual funds, IBA	i i	Raymond J	amos			
		3				
PART E — LIABILITIES [Major d NAME OF CRED			ADDRESS OF C	REDITOR		
NIA						
				••		
PART F — INTERESTS IN SPECI	FIED BUSINESSES [Ow	nership or positions in	certain types of businesses]			
	BUSINESS ENTIT		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						
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