FORM 1 STATEMENT OF			2003	
Please print or type your name, mailing address, agency name, and position b	Iow: FINANCIAL	INTÉRESTS		
LAST NAME FIRST NAME MID Alderman, Le MAILING ADDRESS : 6118 Deer	Rend Rend	FOR OF USE ON	VLY: SUP EN SUP	
Ft Mye-s City: Cooledge Ft. M NAME OF AGENCY: Chairman NAME OF OFFICE OR POSITION F	Florida, 33608 ZIP: COUNTY Aye-s Community	Lee District y Development	ID Code SIO 31 ID No. -Confr Code P. Req. Code	
		NTEE	PM 9-9-04	
REQUIRES FEWER CALCULATION nstructions for further details). PLE/	ORTABLE INTERESTS: RS THE OPTION OF USING REPOR- IS, OR USING COMPARATIVE THRES ISE STATE BELOW WHETHER THIS S	SHOLDS, WHICH ARE USUALL TATEMENT REFLECTS EITHER OB	ARE ABSOLUTE DOLLAR VALUES, WHICH LY BASED ON PERCENTAGE VALUES (see	
NAME OF SOURCES OF NAME OF SOURCE OF INCOME	SOU ADE	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
a-the mark Comp	nies 12300 Unive		Buider. Develope-, Environn	
IB MAnagent à 25AF Refirem-	t Claseland.	Oh:0	Retirem-+ Income	
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	OF INCOME (Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land Alderman Famil Un:nco-por	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			
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Stocks & Bon	<u>طع</u>	BARKS	6 America	
PART E - LIABILITIES [Major of NAME OF CRED	ITOR 👔	Bell To		of creditor
Bank of Ame			Swer, Ft N	lye-s, Florida
ART F — INTERESTS IN SPECI	FIED BUSINESSES BUSINESS E	-	in certain types of businesse BUSINESS ENTITY # 2	-
AME OF USINESS ENTITY DDRESS OF USINESS ENTITY RINCIPAL BUSINESS CTIVITY			·	~
OSITION HELD /ITH ENTITY DWN MORE THAN A 5% ITEREST IN THE BUSINESS ATURE OF MY WNERSHIP INTEREST		-		
			•	ET, PLEASE CHECK HERE []
	<u>I</u>	TILING INS	FRUCTIONS:	
After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.		WHERE TO FILE:WHEN 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.WHEN TO FILE:Initially, each local officer/employee, so officer, and specified state employee must within 30 days of the date of his or appointment or of the beginning of employee		
		Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) ment. Appointees who must be confirme the Senate must file prior to confirmation, e if that is less than 30 days from the dat their appointment. Candidates for publicly-elected local of		
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		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		 Canadates 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

To determine what category your position falls under, see the "Who Must File" Instructions a. on page 3.

calendar year in which they hold their positions.

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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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SUPERVISION STRAIDED 204 St. 13 To to 27 Lee County Supervisor of Elections P.O. Box 2545 Fort Myers. Fl 33502-2545 oy SEP ∿ ⊠ 6٤