FORM 1		STATEME	NT OF		2002
Please print or type your name, mailing address, agency name, and position below	:	FINANCIAL I	NTERESTS		
LAST NAME FIRST NAME MIDDLE ALLEY GRA MAILING ADDRESS:	NAME NAME	LA DRIVE FL 33919			SUPERWAY S
CITY ATTORNEY'S OFFICE  NAME OF AGENCY:  CATY ATTORNEY  Conf. Code  P. Req. Code					
CHECK IF CANDIDATE OR	<u> </u>	EW EMPLOYEE OR APPOINTE	E		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR IS A FISCAL YEAR. PLEASE STATE BELL DECEMBER 31, 2002  MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE	OW WHE	ETHER THIS STATEMENT IS FO OR SPECIFY TA NTERESTS: OPTION OF USING REPORTING SING COMPARATIVE THRESHO	CEDING TAX YEAR, WHETH OR THE PRECEDING TAX Y X YEAR IF OTHER THAN T NG THRESHOLDS THAT A LDS, WHICH ARE USUALI	YEAR END THE CALE TRE ABSO LY BASED	DING EITHER (check one):  NDAR YEAR:  DLUTE DOLLAR VALUES, WHICH OON PERCENTAGE VALUES (see
COMPARATIVE (PERCENTAGE	) THRE	SHOLDS OF	3 🔲 [	OOLLAR \	VALUE THRESHOLDS
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	COME	SOURC ADDRE	E'S SS		CRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
CITY OF FORT MYE	RS_	CITY HALL- CITY A 2200 SECOND ST FT	MURNEY'S OFFICE MYERS FE 3:3901	LEGAL	- MUNICIPAL AFFAIRS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, and E OF MAJOR SOURCES BUSINESS' INCOME	d other sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
					***
PART C REAL PROPERTY [Land, b	uilding	owned by the reporting person]		and w	IG INSTRUCTIONS for when here to file this form are locat-the bottom of page 2.
				this fo	
					ER FORMS you may need to e described on page 6.

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certific		HICH THE PROPERTY RELATES
The second	***			
	<del>y</del> \_			
PART E — LIABILITIES [Major of NAME OF CREE			ADDRESS	OF CREDITOR
PART F — INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or position	ons in certain types of businesse	s]
NAME OF	BUSINESS ENT	ITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY		7770		
PRINCIPAL BUSINESS ACTIVITY	754.74			
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			· · · · · · · · · · · · · · · · · · ·	
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS	THROUGH F ARE	CONTINUE	O ON A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE (required):	9. IN	Mun	DATE S	SIGNED (required): つ ロンろ
1	FII	LING INS	STRUCTIONS:	
WHAT TO FILE: After completing all parts of this	,	HERE TO FIL	E: the form by the Commission	WHEN TO FILE:
signing and dating it, send back sheet (pages 1 and 2) for filing	conly the first on	Ethics or a Cou	inty Supervisor of Elections	Initially, each local officer/employee, state officer, and specified state employee must file

## 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.

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.

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 posi-

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 1X

# AMENDMENT TO FORM 1 STATEMENT OF FINANCIAL INTERESTS

OR	COUNTY:  33919 Lee  INTERESTS: EPORTING FINANCIAL INTERIORE ALLOWED FILERS THE OF Idetails). PLEASE STATE BELOWED.	Interests) I FILED FOR THE YE  DURING THAT YEAR, I HE  POSITION OF:  WITH THIS GOVERNMENT  Furt Myers  ESTS WERE COMPARATIVE, USU  PTION OF USING REPORTING THE  DW WHETHER THIS STATEMENT  for filings prior to 2001; elective for the comparative of the comparent	JALLY BASED ON PERCENTAGE VAL- HRESHOLDS THAT ARE ABSOLUTE REFLECTS EITHER (check one):	
B023 11 (7)(201 11)(1201 1021	o (olcouro loi mingo bogiming	200.7		
PART A PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOME	E [Major sources of income to the SOURCE ADDRI	CE'S [	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
City of Fort Myers	2200 Second S	street PO Boxdoll?	Cit. government	
	Furt Mer F1	33902		
* · · · · · · · · · · · · · · · · · · ·	OME [Major customers, clients, ME OF MAJOR SOURCES OF BUSINESS'S INCOME	and other sources of income to bus ADDRESS OF SOURCE	sinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C-REAL PROPERTY [Land, buildings owned by the reporting person]  Home - 55 dt montilla Drive Fort My err Florida 33419				
PART D - INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE  BUSINESS ENTITY TO WHICH THE PROPERTY RELATES  SNOW OF THE PROPERTY RELATES  STOCK OF THE PROPERTY RELATES  SNOW OF THE PROPERTY RELATES  STOCK OF THE PROPERTY RELATES  SNOW OF THE PROPERTY RELATES  S				
from Wilter		EIAED	SEC	

PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR				
Inter-family loan with mother	and father BR. Al: Alley	& Rumona Alley at 311			
	toundryville Road Be	wick Pa 18603			
Country Wide home loans -	P.O. Bux 660694 Dallas	Texas 752660694			
PART F — INTERESTS IN SPECIFIED BUSINESSES	S [Ownership or positions in certain types of busine	occol CO			
BUSINESS	ENTITY # 1 BUSINESS ENTITY # :	2 BUSINESS ENTITY#3			
NAME OF BUSINESS ENTITY		S S			
ADDRESS OF BUSINESS ENTITY		\$ 10			
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		ं े व			
NATURE OF MY OWNERSHIP INTEREST		5 5			
PARTG-EXPLANATION OF CHANGES Listed intertainly loan with mother and father for down payment on home Listed mortgage on home with Country wide Amended Part C and E  Tintiated a call to commission on ethics larger to discuss and concluded to amend bused an valuation uncertainty and to err on side of caution					
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE: THE WILL DATE SIGNED: \$\delta 5/4003					
FILING INSTRUCTIONS:					
WHERE TO FILE: Return the form to the location where you filed the Form 1 that you are seeking to amend.  Local officers should have filed with the	of the county where your agency had its head- quarters.)  State officers' or specified state employees' forms should be filed with the Commission on	together with their qualifying papers.  QUESTIONS:  About this form or the ethics laws may be addressed to the Commission on Ethics. Port			
Supervisor of Elections of the county in which they permanently resided. (If you did not perma-	Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.	addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864			

nently reside in Florida, then with the Supervisor

Candidates should have filed their Form 1

(Suncom 278-7864).

## **INSTRUCTIONS FOR COMPLETING FORM 1 X:**

## **INTRODUCTORY INFORMATION** (At Top of Form):

NAME, DISCLOSURE PERIOD, NAME OF POSITION, and NAME OF AGENCY: Use the same information as on the original Form 1 you are seeking to amend.

MAILING ADDRESS: Use your current mailing address.

MANNER OF CALCULATING REPORTABLE INTERESTS: Check the box that corresponds to the type of thresholds you used for the original Form 1 you are seeking to amend.

### PARTS A through F:

Use these sections of the form to report the new information you believe should have been reported on your original Form 1, continuing on a separate sheet if necessary. Additional instructions are found on pages 3-5, attached.

#### **PART G:**

Use this section of the form to explain the changes you are making in your original Form 1.