

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

ALLEY GRANT WILLIAMS

MAILING ADDRESS :

5525 MONTILLA DRIVE

FORT MYERS FL 33919 LEE

CITY: ZIP: COUNTY:

CITY ATTORNEY'S OFFICE

NAME OF AGENCY :

CITY ATTORNEY

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED  
 SUPERINTENDENT OF COURTS  
 7009 JUL -8 PM 1:06

CHECK IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

\*\*THIS SECTION MUST BE COMPLETED\*\*

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, 2002 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

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 REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
CITY OF FORT MYERS	CITY HALL - CITY ATTORNEY'S OFFICE 2200 SECOND ST FORT MYERS FL 33901	LEGAL/MUNICIPAL AFFAIRS

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

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.

**OTHER FORMS** you may need to file are described on page 6.



# FORM 1X

# AMENDMENT TO FORM 1 STATEMENT OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 1): <i>Alley Grant Williams</i>	◆ THIS FORM 1X AMENDS THE FORM 1 (Statement of Financial Interests) I FILED FOR THE YEAR: <i>2001, 2002</i>
MAILING ADDRESS: <i>5525 Montilla Drive</i>	◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: <i>City Attorney</i>
CITY: <i>Fort Myers</i> ZIP: <i>Florida 33919</i> COUNTY: <i>Lee</i>	◆ WITH THIS GOVERNMENTAL AGENCY: <i>City of Fort Myers</i>

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS (mandatory for filings prior to 2001; elective for filings beginning in 2001)

OR

DOLLAR VALUE THRESHOLDS (elective for filings beginning in 2001)

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>City of Fort Myers</i>	<i>2200 Second Street PO Box 2017 Fort Myers FL 33902</i>	<i>City government</i>

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<i>None</i>			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]

<i>Home - 5525 Montilla Drive Fort Myers Florida 33919</i>

**PART D -- INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<i>IRA, Deferred Compensation with employer, and stock accounts with Morgan Stanley</i>	<i>SUPERVISION OF ELECTIONS</i>
<i>Sam W. Hester</i>	<i>2002 SEP - 2 PM 12:45</i>

**RECEIVED**

**PART E — LIABILITIES** [Major debts]  
NAME OF CREDITOR

ADDRESS OF CREDITOR

Inter-family loan with mother and father	BR. Al. Alley & Ramona Alley at 311 Foundryville Road Berwick Pa 18603
Countrywide home loans	P.O. Box 660694 Dallas Texas 752660694

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

	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			

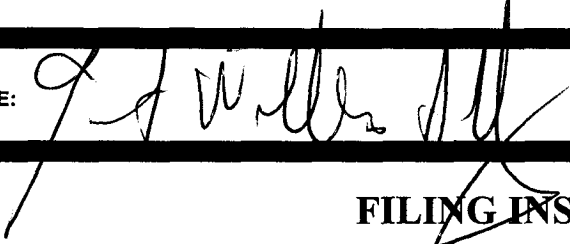
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 SUPERVISION OF ELECTIONS

**PART G — EXPLANATION OF CHANGES**

Listed interfamily loan with mother and father for down payment on home  
 Listed mortgage on home with Countrywide Amended Part C and E  
 I initiated a call to commission on ethics lawyer to discuss and concluded  
 to amend based on 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:



DATE SIGNED:

8/25/2003

**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 Supervisor of Elections of the county in which they permanently resided. (If you did not permanently reside in Florida, then with the Supervisor

of the county where your agency had its headquarters.)

**State officers' or specified state employees'** forms should be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

**Candidates** should have filed their Form 1

together with their qualifying papers.

**QUESTIONS:**

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864 (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.