

FORM 1

STATEMENT OF

2003

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

BELL BENJAMIN ROBERTS

MAILING ADDRESS:

317 CLEVELAND AVE N

CITY:

LEHIGH AC

ZIP:

33972

COUNTY:

LEE

NAME OF AGENCY:

EAST COUNTY WATER CONTROL DISTRICT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

SUPERVISOR

CHECK IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEEFOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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, 2003

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
BEN BELL INS. AGY	1022 LEE BLVD SUITE 301 LEHIGH AC FL 33972	COMMISSIONS

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
N/A			

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

317 CLEVELAND AVE LEHIGH AC FL 33972 (RESIDENCE)
96 S. MCKINSTRY DR. MURPHY NC 28906 (RESIDENCE)

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
on page 3.OTHER FORMS you may need to
file are described on page 6.

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	ALL-STATE FINANCIAL SERVICES
PENSION PLAN	HELD BY ALL-STATE INS

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

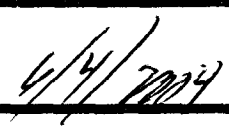
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	BEN BARK TAYLOR		
ADDRESS OF BUSINESS ENTITY	1000 WEE ROAD #301	WICHITA KS	
PRINCIPAL BUSINESS ACTIVITY	INSURANCE		
POSITION HELD WITH ENTITY	OWNER/PARTNER		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	SOLE PROP		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):



FILING INSTRUCTIONS:**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.

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.

IMPORTANT NOTICE

TO: All Local Officers and Appointees
FROM: Sharon L. Harrington, Supervisor of Elections, Lee County
DATE: May 21, 2004
SUBJECT: Form 1 Statement of Financial Interests for 2003

Enclosed is a Form 1, Statement of Financial Interests, to complete and return in order to satisfy your obligation to file financial disclosure for last year. The mailing label on the envelope lists the public position that requires you to file.

Persons serving as of December 31, 2003 (along with those officials elected in 2003 whose terms began in 2004) are required to file this year. **Even if you left the position noted on the mailing label during 2004**, you are required to file disclosure for 2003 on this form. (Note: that if you left your position during 2004, you are **also required** to file a **(Form 1-F FINAL Statement of Financial Interests)** covering a portion of the year 2004. (See the enclosed instructions for completing Form 1)

WHEN TO FILE: On or before **THURSDAY, JULY 1, 2004**

WHERE TO FILE: Please return the completed form, **including signature and date** (on page 2 of the form), to:

LEE COUNTY ELECTIONS OFFICE

P O BOX 2545, FORT MYERS FL 33902-2545

THE ROLE OF THE SUPERVISOR OF ELECTIONS IS TO RECEIVE AND MAINTAIN THE FINANCIAL DISCLOSURE FORM AS PUBLIC RECORD

Do Not File Your Form 1 With The Florida Commission On Ethics In Tallahassee

QUESTIONS?:

HOW DO I COMPLETE THE FORM? Instructions for completing this form **ARE ENCLOSED**. Any questions regarding the instructions or completing the form **should be directed to the office of the Florida Commission on Ethics at 1-850-488-7864**.

WHY DID I RECEIVE THIS FORM? The Florida Commission on Ethics prepares the list of persons required to file financial disclosure. The Commission obtains the names and addresses from the coordinators of each local government agency. If you feel you have received this form in error, please contact the **financial disclosure coordinator for your agency**, who has provided your name based on your official position and responsibilities.

If appropriate, the local agency's coordinator will contact the Florida Commission on Ethics to remove your name from the list. To find your agency's coordinator and how to contact that person, either contact the Florida Commission on Ethics or see the list that is posted on the Florida Commission on Ethics **web-site at www.ethics.state.fl.us**. **DO NOT CONTACT THE LEE COUNTY SUPERVISOR OF ELECTIONS for this information as it is not available through that office.**

IMPORTANT NOTE:

Persons who fail to file the annual disclosure form by September 1st are subject to **automatic fines of \$25.00 for each late day.**

Your cooperation and timeliness in filing is appreciated.

Enclosure