

## FORM 1 F

FINAL STATEMENT OF  
FINANCIAL INTERESTS

2005

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:

COLSON GORDON LYNN

NAME OF REPORTING PERSON'S AGENCY:

CITY OF FORT MYERS

MAILING ADDRESS:

1001 GRUENE RD.

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

- ☒ LOCAL OFFICER    ☐ STATE OFFICER  
☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD: BOARD MEMBER

HISTORIC PRESERVATION COMMISSION

CITY:

ZIP:

COUNTY:

NEW BRAUNFELS TX 78130 COMAL

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2005 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 12/01/05, 2005. (Date must be prior to 12/31/05)

## 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
Alliance Design Group	3020 Colonial Blvd. Suite 100 FORT MYERS, FLORIDA 33912	ARCHITECTURE

## PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by 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 of this packet.

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


**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			
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:



DATE SIGNED:

1-17-2006

**FILING INSTRUCTIONS:****WHAT TO FILE:**

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only the first sheet for filing (you need not return any of the instruction pages).

**WHEN TO FILE:**

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless you take another position within the 60-day period that requires you to file financial disclosure on Form 1 or Form 6.

**WHERE TO FILE:**

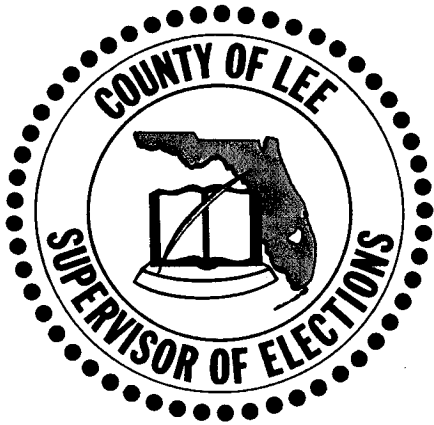
**Local officers:** file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees:** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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

**NOTE:**

If you are leaving office or employment during the first half of 2005, you may not have filed Form 1 for 2004. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2004 by July 1 of 2005.



SHARON L. HARRINGTON  
SUPERVISOR OF ELECTIONS  
LEE COUNTY - FLORIDA  
FACSIMILE COVER

NUMBER OF PAGES INCLUDING COVER SHEET:

7

**FAXED**  
12/9/05  
11:35 AM

DATE	12/09/2005
ATTENTION	SHIRLEY TAYLOR
COMPANY	Comm. ON ETHICS
TELEPHONE#	850 488 7864
FACSIMILE #	850 488 3077

FROM	BERNIE FELICIANO QUALIFYING OFFICER
DIRECT#	239-533-6304
MAIN#	239-LEE VOTE OR 239-533-8683
FACSIMILE#	239-533-6310
EMAIL	<a href="mailto:bfeliciano@leeelections.com">bfeliciano@leeelections.com</a>

COMMENT(S):

RE: GORDON COLSON

INFORMATION REQUESTED

**Bernie Feliciano**

---

**From:** "TAYLOR.SHIRLEY" <TAYLOR.SHIRLEY@leg.state.fl.us>  
**To:** <bfeliciano@leeelections.com>  
**Sent:** Friday, December 09, 2005 9:22 AM  
**Attach:** I8o17200.PDF  
**Subject:** Gordon Colson

12-9-05

See attached letter received from Gordon Colson requesting that our office reconsider his fine. Please review and verify the information from your office records.

Any questions, please let me know.

Thanks for your assistance.

Shirley

**COPY**

Shirley A. Taylor  
Program Manager  
Florida Commission on Ethics  
Post Office Drawer 15709  
Tallahassee, FL 32312-5709  
(850) 488-7864

12/9/2005

2004

## FORM 1

STATEMENT OF  
FINANCIAL INTERESTSPlease print or type your name, mailing  
address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

COLSON GORDON LYNN

MAILING ADDRESS:

1376 SHADOW LANE

FT. MYERS

33901

LEE

CITY:

ZIP:

COUNTY:

HISTORIC PRESERVATION COMMISSION

NAME OF AGENCY:

BOARD MEMBER

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

SUPERVISOR OF ELECTIONS

2003

2005 DEC -9

AM 10:11

RECEIVED

PDF 2003

## \*\*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: 2004

## 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
TITSCH & ASSOCIATES ARCHITECTS	13710 Ben C Pratt Six Mile Cypress Parkway, Ft MYERS 33916	ARCHITECTURE

## 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 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 5.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
TYPE OF INTANGIBLE			

**RECEIVED**  
 2005 DEC -9 AM 10:1  
 SUPERVISOR OF ELECTIONS

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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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):

DATE SIGNED (required): 12-07-05

### 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.

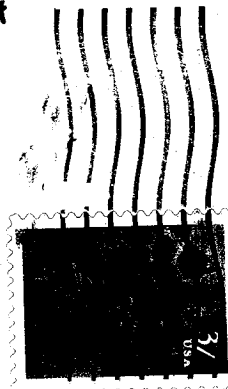
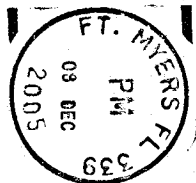
**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**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.

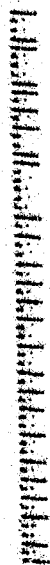
New address:  
Dancy Arlington Colson  
Gardens Colson  
1001 Queens Rd.  
New Brunswick, TX 78130

RECEIVED  
2005 DEC -9 AM 10: 11  
SUPERVISOR OF ELECTIONS

LEE COUNTY ELECTIONS OFFICE  
BERNIE FELICIANO  
P.O. BOX 2545  
FT. MYERS FL. 33902



33902+2545



UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

RECEIVED

2004 AUG 16 PM 12:09

SUPERVISOR OF ELECTIONS

PO BOX 2545  
FORT MYERS FL 33902-2545

• Sender: Please print your name, address, and ZIP+4 in this box •

902+2545





2003 Form 1 (12-31-2003)

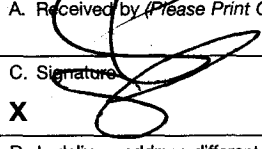
**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gordon Colson  
2781 Rhode Island Avenue  
Fort Myers FL 33916

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) B. Date of Delivery  
C. Signature  6 Aug 04  
☒ X ☐ Agent  
☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7001 0360 0000 8146 4064