

## 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:

EUSCADEN Michael Frederick

MAILING ADDRESS:

923 Pepper Tree Pl.

CITY:

SANIBEL

ZIP:

33957

COUNTY:

LEE

NAME OF AGENCY:

SANIBEL General Employees Pension Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Trustee

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

ID Code

ID No.

Conf. Code

P. Req. Code

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: \_\_\_\_\_

## 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
AEGON CORP.	BALTIMORE, Md.	Pension
PRUDENTIAL INS Co	Newark, NJ	Pension
USA	WASHINGTON DC	Social Security

## 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
NONE			

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

NONE

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

NONE

## PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Chase Mortgage  
Mortgage on home  
in Sanibel

LOUISVILLE, Ky.

## 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 ENTITYADDRESS OF  
BUSINESS ENTITYPRINCIPAL BUSINESS  
ACTIVITYPOSITION HELD  
WITH ENTITYI OWN MORE THAN A 5%  
INTEREST IN THE BUSINESSNATURE OF MY  
OWNERSHIP INTEREST

NONE

NONE

NONE

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

SIGNATURE (required):

Michael D. Lusader

DATE SIGNED (required):

10-6-04

**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.

Island Inn



10-6-34

On the Gulf of Mexico

Mr. Feliciano

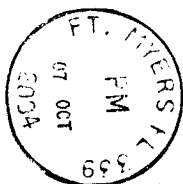
I just picked up this form today for 2003. I was out of the state when the Pension Board received them in May. Pam at City of Sanibel told me she would call you and explain. This will not happen again. Sincerely

Nihe Cascarder

(239) 472-1561

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