FORM 1	STATEMENT OF	2005					
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS							
LAST NAME FIRST NAME MIDDLE DEPEW DAVID MAILING ADDRESS :	NAME: WARREN	FOR OFFICE USE ONLY:					
1724 WHITTLING	COULT						
FORT MYERS	FL 33901 LEE	ID Code					
CITY :	ZIP : COUNTY :						
NAME OF AGENCY: FORT MYERS HISTORIC NAME OF OFFICE OR POSITION HELD MEMBER	PRESERVATION COMMISSION	Conf. Code					
CHECK ONLY IF 🛄 CANDIDATE OR 🔲 NEW EMPLOYEE OR APPOINTEE							
**BOTH PARTS OF 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, 2005 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							
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	OME [Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
MORAIS-DEPEN ASSOC., 11	NC. ZZIL ALTAMONT AUS NC. FT. MYERS FL 33901	CONSULTING ENGINEERS					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources on NAME OF       NAME OF MAJOR SOURCES       ADDF         BUSINESS ENTITY       OF BUSINESS' INCOME       OF SO         NAME       OF BUSINESS' INCOME       OF SO		ESS PRINCIPAL BUSINESS					
PART C REAL PROPERTY [Land, bui 1724 WHITTLFNG GUL 2914 CLEVELAND A	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 PERSO	NAL PROPERTY [Sto	ocks. bonds, certific	cates of deposit, etc	c.1		
TYPE OF INTANGI	BLE	1	BUSINESS EN	TITY TO WHICH T	HE PROPERTY RELATES	
STOLICS, MUTUAL FUND	is CD's	DAUPL	· · MARGH	HET K.	DEPEN	
				·		
	<u> </u>					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR ADDRESS OF CREDITOR						
BUSEY BANK		Summe	GuuMBELIN PLWY., FT. MYERS, FL			
<u></u>		1		· · · ·		
		-	<u></u>	- <u></u>		
			<u> </u>	<u>, s. s. s</u>		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certein types of businesses]						
1	BUSINESS EN			Ş ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	MORRIS-DEPE			DING RARTI	VERSHIP	
ADDRESSOF	2916 AUTIMO	++	MIETS	Stat		
DRINCIPAL BUSINESS	CONSULTING B		BUILDINE	LESSER		
POSITION HELD WITH ENTITY	PRESIDEN	-\	PARTA	RR		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		YES	1		
NATURE OF MY OWNERSHIP INTEREST	······································	1/				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):						
FILING <sup>NINSTRUCTIONS:</sup>						
WHAT TO FILE:       WHERE TO FILE:       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       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						

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

## 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.

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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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 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.