FORM 1	1	2003					
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS							
LAST NAME FIRST NAME MIDDLE Desjaria San Mailing Address :		FOR OFFICE USE ONLY:	5				
13264 Brandhurs	A						
Fort Myers CITY: Lee County Gove NAME OF AGENCY: INGOMMALOJ Techno NAME OF OFFICE OR POSITION HELD	colment		Code				
CHECK IF 🗋 CANDIDATE OR							
**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							
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]							
NAME OF SOURCE SOURCE'S OF INCOME ADDRESS		PRI	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Lee County Boll	PO Box 398 Foct Myers, FI 3	3902 600	102 Couly Government				
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to b         NAME OF       NAME OF MAJOR SOURCES       ADDRESS         BUSINESS ENTITY       OF BUSINESS' INCOME       OF SOURCE         NOTE       NOTE       NOTE		RESS	businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
PART C REAL PROPERTY [Land, buildings owned by the reporting person] 13264 Broadhurst Loop, Fort Myers, FI 33919			G INSTRUCTIONS for when here to file this form are locat- he bottom of page 2.				
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
			R FORMS you may need to described on page 6.				

PART D — INTANGIBLE PERS TYPE OF INTAN		Stocks, bonds, certifi	icates of deposit, etc.] BUSINESS ENTITY TO WH	IOU THE PE			
N/A			DOSINEOU ENTRY TO MA				
<u> </u>	<u> </u>		<u></u>	<u> </u>			
·			<u> </u>	<u></u>			
			<u> </u>				
	<u> </u>		<u></u>				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			ADDRESS OF CREDITOR				
BANK of America		PO Box	PO Box 21983 Genensborg NC 27420-1983				
ivells FArap		P6 Box	PO Box 10335 Des Moisses JA 50306-0335				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] BUSINESS ENTITY # 1   BUSINESS ENTITY # 2   BUSINESS ENTITY # 3							
				·			
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY		<u></u>	• <b>†</b>				
BUSINESS ENTITY PRINCIPAL BUSINESS	+	<u></u>	<u> </u>				
ACTIVITY POSITION HELD	+	<u></u>					
WITH ENTITY	+	<u> </u>					
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	+		1				
	1						
IF ANY OF PARTS	A THROUGH F A		D ON A SEPARATE SHE	ET, PLEA			
SIGNATURE (required):	$\mathcal{A}$		DATE S	IGNED (reg	wired):		
SIGNATURE (required): DATE SIGNED (required):							
	F	ILING IN	STRUCTIONS:				
WHAT TO FILE:WAfter completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.If y		WHERE TO FILE: f you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form that location.		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 employ-			
of 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 Ca.		of Elections of the nently reside. (If yo in Florida, file with	<b>Local officers/employees</b> file with the Supervisor of Elections of the county in which they perma- tently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) <b>State officers or specified state employees</b> ile with the Commission on Ethics, P.O. Drawer 5709, Tallahassee, FL 32317-5709. <b>Candidates</b> file this form together with their yualifying papers.		ment. 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. <b>Candidates</b> for publicly-elected local office must file at the same time they file their qualifying papers. <b>Thereafter</b> , 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 posi-		
		State officers or file with the Commi					
		<i>Candidates</i> file th qualifying papers.					

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

tions.

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CE FORM 1 - Eff. 1/2004

PAGE 2

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.