FORM 1	STATEMENT C	)F	2002
Please print or type your name, mailing address, agency name, and position below	FINANCIAL INTE	RESTS	
LAST NAME FIRST NAME MIDDLE	JOHN MICHNEL	FOR OFFICE USE ONLY:	<b>7</b> 2003
MAILING ADDRESS:  4801 /SLAN	J PONO (T # 1005	ID Code	OCT 2
CITY: 3 BONITA SPRING NAME OF AGENCY: SMART GROW	ZIP: COUNTY: LEE	ID No.	RECEIVED  2003 OF 21 AMIN: 17  2003 OF 21 AMIN: 17  ce
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :	P. Req. Co.	de
CHECK IF ( CANDIDATE OR	NEW EMPLOYEE OR APPOINTEE		
A FISCAL YEAR. PLEASE STATE BEL- DECEMBER 31, 2002  MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS,	_	X YEAR, WHETHER BASED ON ECEDING TAX YEAR ENDING OTHER THAN THE CALENDAR HOLDS THAT ARE ABSOLUTI H ARE USUALLY BASED ON FLECTS EITHER (check one):	EITHER (check one):  R YEAR:  E DOLLAR VALUES, WHICH
☐ COMPARATIVE (PERCENTAGE	) THRESHOLDS <u>OR</u>	DOLLAR VALUE	THRESHOLDS
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	COME [Major sources of income to the reporting per SOURCE'S ADDRESS	DESCRIP	TION OF THE SOURCE'S AL BUSINESS ACTIVITY
PENSION	JOHN HANCUCK		
SOCIAL SECURITY	us Govi		400
INVESTMENTS	MERRICE LYNCH		
NAME OF BUSINESS ENTITY	OF BUSINESS' INCOME O	ces of income to businesses own ADDRESS F SOURCE	ned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
INTL COUSOLITAGE	METIME  ME IN LEE COUNTY		
7,574			
PART C REAL PROPERTY [Land, b	uildings owned by the reporting person]	and where	ISTRUCTIONS for when to file this form are locatottom of page 2.
			TIONS on who must file nd how to fill it out begin
			ORMS you may need to cribed on page 6.

PART D — INTANGIBLE PERSO TYPE OF INTANG	DNAL PROPERTY [Stocks, bonds, cert		HICH THE PROPERTY RELATES	
HELD IN MER.				
in this wi				
TRUST	T			
		_		
PART E — LIABILITIES [Major of NAME OF CREE		ADDRESS	S OF CREDITOR	
	Nowc			
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [Ownership or po	sitions in certain types of business	es]	
	BUSINESS ENTITY # 1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	EIKENBERG MEMT SERV	iles		
ADDRESS OF BUSINESS ENTITY	SAME AS HOME			
PRINCIPAL BUSINESS ACTIVITY	CONSULTING			
POSITION HELD WITH ENTITY	MAHAGING DIRECTO?			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	163			
NATURE OF MY OWNERSHIP INTEREST	58 % WITH WIFE			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required):	SIGNATURE (required): Som Extending DATE SIGNED (required): 9/33/03			
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:

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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.

## FORM 1 F

# FINAL STATEMENT OF FINANCIAL INTERESTS

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7 then to	2003

FINANCIAL INTERESTS (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT) NAME OF REPORTING PERSON'S AGENCY: LAST NAME - FIRST NAME - MIDDLE NAME: EIKENBERG JOHN MICHAEL Mailing ADDRESS:
4801 ISCAND POND (T # 1005
BONITH Speines & 34134 Lee CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3 □ LOCAL OFFICER □ STATE OFFICER ■ SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD: \_\_\_\_ \*\*\*THIS SECTION MUST BE COMPLETED\*\*\* **DISCLOSURE PERIOD:** THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2003 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS \_\_\_\_\_\_\_\_, 2003. (Date must be prior to 12/31/03) 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 **DOLLAR VALUE THRESHOLDS** PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] DESCRIPTION OF THE SOURCE'S SOURCE'S NAME OF SOURCE ADDRESS PRINCIPAL BUSINESS ACTIVITY OF INCOME JOHN HANCOCK us Girt SICIAL SECULTY MERRILL LYNCH NICSTMENTS PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person] PRINCIPAL BUSINESS NAME OF MAJOR SOURCES ADDRESS NAME OF ACTIVITY OF SOURCE OF BUSINESS' INCOME OF SOURCE **BUSINESS ENTITY** CUNSULTING INT CUENTS FILING INSTRUCTIONS for when PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] 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 PROPI	ERTY [Stocks, bonds, ce	rtificates of deposit, etc.] BUSINESS ENTITY TO WHI	ICH THE PROP	ERTY RELATES		
MERRILL LYNCH						
PART E — LIABILITIES [Major debts]	om was est gled kinder years. Haroksis	r (m. 2016) de parek eradigher et de programeke				
NAME OF CREDITOR		ADDRESS	OF CREDITOR			
			-			
				are a company to a second of the second of		
PART F — INTERESTS IN SPECIFIED BUS	INESSES [Ownership o	or positions in certain types of	businesses]			
	SS ENTITY # 1	BUSINESS ENTITY #	2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY  ADDRESS OF						
BUŞINEŞŞ ENTITY ALA						
ACTIVITY	MINC DIRECTION					
I OWN MORE THAN A 5%	PEINC BILLETIN					
INTEREST IN THE BUSINESS  NATURE OF MY  1. / 1.	ain wife					
OWNERSHIP INTEREST	nach ungenglaget web diesert, eis eit stijden:		SAME OF STREET			
IF ANY OF PARTS A THROUGH	F ARE CONTINUED	ON A SEPARATE SHE	ET, PLEASI	CHECK HERE		
SIGNATURE: JOS dkent	in	DATE S	SIGNED:	9/13/03		
		ent soule de la serie de la company de l La company de la company d	witer build a	engarak base aktab 1926, Berbija di Killinga eta batab 1917a.		
FILING INSTRUCTIONS:						
WHAT TO FILE:  After completing all parts of this form on	WHERE TO FILE:	: le with the Supervisor of	NOTE:	e leaving office or employment		
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).	Elections of the cour nently reside. (If you on in Florida, file with the	during the first half of the year, you have filed Form 1 for the previous year. In that case, this is not the you was respectively to the county of the county of the county of the county of the supervisor of the county of the your agency has its headquarters.)  State officers or specified state employers: file with the Commission on Ethics, P.O. Orawer 15709, Tallahassee, FL 32317-5709.  To determine what category your position alls under, see the "Who Must File" Instructions		during the first half of the year, you may not have filed Form 1 for the previous calendar year. In that case, this is not the last form you will file, even though the Form 1F cov-		
WHEN TO FILE:  At the end of office or employment each local officer, state officer, and specified state	ees: file with the Co			ent. You will be required to file the previous calendar year by		
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.

FORM 1		STATEM	ENT OF	4	2002	
Please print or type your name, mailing address, agency name, and position below	w:	FINANCIAL	INTEREST	$\mathbf{s} \mathbf{z}$		
LASTNAME - FIRST NAME - MIDDI	<del></del>		FOR USE	OFFICE ONLY:		
MAILING ADDRESS: 4801 (SLAND PON			Y	/HC	, s 2	
		,		I ID C	REC JPERV	
BUNITA SPRING	ZIP :	COUNTY:		ID N	o. 13	
	-	-MBEN- SMART GI	POWTH	Cont	Code F 3 0	
NAME OF OFFICE OR POSITION HE CHAIR SCHOOL BOARD				I P. R.	SUPERVISOR OF ELECTIONS  Code  Code  Code  Code  Code  Code  Code	
CHECK IF CANDIDATE OR	Z n	IEW EMPLOYEE OR APPOIN	TEE		Ų.	
**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, 2002 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  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 II	NCOME		e reporting person] RCE'S	. DES	SCRIPTION OF THE SOURCE'S	
OF INCOME		REVERE CUPPLE	RÉSS		RINCIPAL BUSINESS ACTIVITY  NSULTNICE PENSIUNS	
SOCIAL SEQUELY		US GOVT	JOHN JAHWCUCK		SOC Securing	
INVESTMENTS	·····	MERRILL LYN	1111- BONIM		WESTMENTS	
[NVC/) [NCN] 5		7 7/2/2007 2 7/10		111 /NVESTMENTS		
PART B SECONDARY SOURCES OF BUSINESS ENTITY	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES F BUSINESS' INCOME	and other sources of income ADDRESS OF SOURCE	e to business	res owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
			- Add day			
	,					
PART C REAL PROPERTY [Land,			١]	and w	IG INSTRUCTIONS for when here to file this form are locat-	
ONLY MY	Hor	n6		INST this fo on pa	ER FORMS you may need to	
				file ar	e described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certifica	tes of deposit, etc.] BUSINESS ENTITY TO WHICH TH	IE PROPE	ERTY RELATES
STOCKS	Mi	,	SON A	
BONDS	M,	ζ	No	BUSINESS
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR			
NONE				
				· · · · · · · · · · · · · · · · · · ·
PART F — INTERESTS IN SPECIFIED BUSINESSES [	Ownership or position	ns in certain types of businesses]		
BUSINESS EN	TITY#1	BUSINESS ENTITY # 2		BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	/H			
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 (required):	1	DATE SIGNED	(required	th: (/- / 2

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