FORM 1	S	STATEM	IENT OF			2003
Please print or type your name, mailing address, agency name, and position bel	W: FIN	ANCIAL	INTERF	ESTS		
LAST NAME FIRST NAME MIDD	ENAME: Dangte	ef -		FOR OFF USE ONL		
28356 MEAN CITY: Southwest Florice NAME OF AGENCY: COUNCIL MEN NAME OF OFFICE OR POSITION HE	$\frac{2iP}{ZiP}:$ $\frac{2iP}{LD OR SOUGHT}:$	<u>37</u> <u>COUNTY:</u> [Plonning	-s Council	\bigvee	ID Code ID No Conf. Code P. Req. Code	REOET SED
			NTEE	i		Tr.
THIS STATEMENT REFLECTS YOUF A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPOI THE LEGISLATURE ALLOWS FILE REQUIRES FEWER CALCULATIONS Instructions for further details). PLEAS COMPARATIVE (PERCENTAC PART A PRIMARY SOURCES OF	LOW WHETHER T 3 <u>OR</u> TABLE INTEREST S THE OPTION , OR USING COM E STATE BELOW E) THRESHOLDS	THIS STATEMENT IS SPECIFY TS: OF USING REPOI MPARATIVE THRES WHETHER THIS S	S FOR THE PRECED Y TAX YEAR IF OTHE RTING THRESHOLD SHOLDS, WHICH AR TATEMENT REFLEC <u>QR</u>	DING TAX YE ER THAN TH OS THAT AR RE USUALLY TS EITHER (AR ENDING EITH E CALENDAR YE E ABSOLUTE DO BASED ON PER	IER (check one): AR: DLLAR VALUES, WHICH ICENTAGE VALUES (see
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PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY		IOR SOURCES	and other sources of ADDR OF SO	ESS	I PI	by the reporting person] RINCIPAL BUSINESS CTIVITY OF SOURCE
						<i>k</i> -
PART C REAL PROPERTY [Land, JS356 MEAdaca	buildings owned by	the reporting person $r \in Bar Ha$	on] <u>RESIDE</u> Spring FL3	1 <u>7134</u>	and where to fil ed at the bottor INSTRUCTIO	RUCTIONS for when e this form are locat- n of page 2. NS on who must file ow to fill it out begin
		······				MS you may need to ed on page 6.

PART D INTANGIBLE PERSON		ocks bonds certific	ates of deposit, etc.)		
TYPE OF INTANGIB			BUSINESS ENTITY TO WHI	ICH THE PROPERTY RELATES	
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PART E — LIABILITIES [Major de NAME OF CREDIT			ADDRESS	OF CREDITOR	
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Dr. Kot Arc	nic+1!	1. COBOS	×21983 Green	rboro NC 27420-1983	
		,			
PART F — INTERESTS IN SPECIFI	ED BUSINESSES [Ownership or position	ons in certain types of businesses	s]	
1	BUSINESS EN	ITITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY					
ADDRESS OF	<u></u>				
BUSINESS ENTITY PRINCIPAL BUSINESS			······································		
ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required): Man Alleg DATE SIGNED (required): 5/24/04					
		LING INS	STRUCTIONS:		
WHAT TO FILE:		WHERE TO FIL		WHEN TO FILE:	
After completing all parts of this for signing and dating it, send back sheet (pages 1 and 2) for filing.	orm, including If only the first o fe	f you were mailed f in Ethics or a Cou	the form by the Commission inty Supervisor of Elections losure filing, return the form	<i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> of the date of his or her appointment or of the beginning of employ- ment. Appointees who must be confirmed by	

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.

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, Tailahassee, 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.

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 STA	TEMENT OF	•	2003
	FINANCIAL	INTERESTS		
(TO BE FILED V	WITHIN 60 DAYS OF LEAV	ING PUBLIC OFFIC	E OR EMPLOY	(MENT)
LAST NAME - FIRST NAME - MI Emblidge W MAILING ADDRESS 283576 MEAG	DDLE NAME: Arganst - (Ar K lans	MAME OF REPORTING PE Mcditeory CHECK ONE OF THE FOL	North CD	_/
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OFFICE OR EMPLOYMENT DESCI MANNER OF CALCULATING F	FINANCIAL INTERESTS FOR THE PERIOR RIBED ABOVE, WHICH DATE WAS	12/3/03	003 AND THE LAST DA , 2003. (Date mu	st be prior to 12/31/03)
FEWER CALCULATIONS, OR USIN further details). PLEASE STATE BE	NG COMPARATIVE THRESHOLDS, WHI LOW WHETHER THIS STATEMENT REI RCENTAGE) THRESHOLDS	CH ARE USUALLY BASED O FLECTS EITHER (check one):		ES (see instructions for
NAME OF SOURCE OF INCOME	SOF INCOME [Major sources of incom SOUR ADDR how 9/15/03 9990 Cocon J+ Our Bon Has paines Bon Has paines BCF LTT Maples FL 3191	CE'S ESS - Road #200 - FL 34/35	DESCRIPTION OF PRINCIPAL BUSIN LANCE DE BEALESTATE	
PART B SECONDARY SOUF NAME OF BUSINESS ENTITY	CES OF INCOME [Major customers, c NAME OF MAJOR SOURCES OF BUSINESS' INCOME	lients, and other sources of inc ADDRESS OF SOURCE	I PRIN	ed by reparting person] ICPAL BUSINESS VITY OF SOURCE
PART C REAL PROPERTY	Land, buildings owned by the reporting pe	erson]	and where to file ed at the bottom INSTRUCTION this form and how on page 3 of this	S on who must file to fill it out begin packet.
			OTHER FORM file are described	S you may need to on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	2
	في

NAME OF CREDITOR	ADDRESS OF CREDITOR			
Chase Manhatten Mor	Hyrye Coop. P.O. Box 9001871 Hyrye Coop. Dovisville K.Y 40290-1871			

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			
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:

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 ocal 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 o file financial disclosure on Form 1 or Form δ .

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.

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 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 covers the final portion of your term of office or employment. You will be required to file Form 1 for the previous calendar year by July 1 of this year.

FORM 1 F	FINA	L STA	FEMENT OF	1	2003
	FINAN	CIAL	INTERESTS	•	
(TO BE FILED V	WITHIN 60 DAYS	OF LEAV	ING PUBLIC OFFIC	CE OR	EMPLOYMENT)
LAST NAME - FIRST NAME - MI	DDLE NAME:		NAME OF REPORTING PE		
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Banita Springs FL34134 LEE CITY: UP: COUNTY:					
				41 A - ""	
	FINANCIAL INTERESTS FO	OR THE PERIO			THE LAST DATE I HELD THE PUBLIC 103. (Date must be prior to 12/31/03)
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NAME OF SOURCE OF INCOME The Bonity Ray Crow Collier Entrophis	2-19/15/03 Bon 2000 25 LTD Map	ita Son			RIPTION OF THE SOURCE'S ICIPAL BUSINESS ACTIVITY Development State & Agai busines
PART B SECONDARY SOUF NAME OF BUSINESS ENTITY	RCES OF INCOME [Majo NAME OF MAJOR S OF BUSINESS' IN	OURCES	ients, and other sources of inc ADDRESS OF SOURCE	ome to bu	isinesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY			-		IG INSTRUCTIONS for when there to file this form are locat-
	40 : ∏: 04 בבבטויטאֿא	BAIRON OF		INST this fo	the bottom of page 2. RUCTIONS on who must file orm and how to fill it out begin ge 3 of this packet.
		1EOEL		отн	ER FORMS you may need to e described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	[Stocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
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PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Chese Montes Martings	Conf. Louisville KY 40290-1871
	U

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:

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:

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