of Constacted Hen STATEMEN **FORM** FINANCIAL INTERESTS Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : FOR OFFICE English Katherine Ruth MAILING ADDRESS: 13131 Corbel Circle, Apartment 322 ID Code CITY: COUNTY: ZIP: ID No. 33907 Fort Myers Lee NAME OF AGENCY: Conf. Code Pine Air Lakes CDD NAME OF OFFICE OR POSITION HELD OR SOUGHT: Local Officer CHECK IF CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE **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): $\mathbf{X}\mathbf{K}$ **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 **DOLLAR VALUE THRESHOLDS** PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE DESCRIPTION OF THE SOURCE'S SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY P.O. Drawer 1507 Pavese Law Firm Law Firm Fort Myers, FL 33901 PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. Citrus Grove and Cattle Pasture in Lee County, Florida 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.

<u> </u>							
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
AES Graduate Loan Center		AES, GLC, P.O. Box 8155, Harrisburg, PA 17105-8155					
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		×					
PART F — INTERESTS IN SPECI	IFIED BUSINESSES [Ow	vnership or positi	ons in certain types of businesses]				
	BUSINESS ENTI		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	English Family Partnership		Pavese Law Firm				
ADDRESS OF BUSINESS ENTITY	2075 S. 1st Street Fort Myers, FL 33901		P.O. Drawer 1507 Fort Myers, FL 33901				
PRINCIPAL BUSINESS ACTIVITY	Agriculture		Law Form				
POSITION HELD WITH ENTITY	Limited Partner		Attorney				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		No				
NATURE OF MY OWNERSHIP INTEREST	Limited Partner		Partner				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): 5/27/04							

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.

FILING INSTRUCTIONS:

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	STATEM	IENT OF	2003				
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS					
LAST NAME FIRST NAME MIDDLE	NAME :	FOR OF	FICE				
English Kath	erine Ruth	USEON					
13131 Corbel Circle	, Apartment 322	Y (a)	$\langle \rho_{+} \rangle$				
			Le code / Co				
			2001 JUN - SUPERVISOR				
CITY: Fort Myers	ZIP: COUNTY: 33907 Lee		TID No.				
NAME OF AGENCY :							
Smart Growth Adviso			Conf. Code				
NAME OF OFFICE OR POSITION HEL Local Officer	OOR SOUGHT:		r.req. code				
CHECK IF CANDIDATE OR	NTFF	: : : : : : : : : : : : : : : : : : :					
	NEW EMPLOYEE OR APPOI		<u>v</u>				
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PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	sou	the reporting person] JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
		JACOS .					
Pavese Law Firm	P.O. Drawer 1507	2001	Law Firm				
	Fort Myers, FL 3	3901					
DART R SECONDARY COURCES OF	INCOME Delegandence diente		uning a constant but the reporting according				
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	······································						
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				·*		
						
						
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!						
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I BUSINESS ENTIT		TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
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ADDRESS OF BUSINESS ENTITY	2075 West 1st Fort Myers, FL	Street 33901	P.O. Drawer 1507 Fort Myers, FL 33901			
PRINCIPAL BUSINESS ACTIVITY	Agriculture		Law Firm			
POSITION HELD WITH ENTITY	Limited Partner		Partner			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			No			
NATURE OF MY OWNERSHIP INTEREST	Yes Limited Partner		Partner			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required):						

5/27/04

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