Please print or type your name, mailing address, agency name, and position below: LAST NAME FIRST NAME MIDDLE NAME: (SEML MICHAE) MAILING ADDRESS HOO9 FALM TREE BLUD # 408 CITY: ZIP: COUNTY: CAPE COMB 73 90 4 Lee NAME OF AGENCY: LEE COUNTY FUNUSTAIAL PULY AUTHORITY NAME OF OFFICEOR POSITION HELD OR SOUGHT: PReq. Code P. Req. Code	
MAILING ADDRESS HOO9 YALM THEE BLUD #408 CITY: CAPE COMM 33904 Lee NAME OF AGENCY: FOR OFFICE USE ONLY: FOR OFFICE USE ONLY: ID Code TO MAILING ADDRESS TO MA	- - - - ∶
CITY: ZIP: COUNTY: CAPE CONA! 33904 Lee NAME OF AGENCY:	, -
	≀ on
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE	≀ON
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 A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2004 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, WHEREOUTES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES INSTRUCTIONS for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS	HICH (see
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S OF INCOME ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
BUSEY BANK FLORIOR 2980 SUMMERLIN LAKES DA. BANKING	
GEMI FAMILY TRUST INVESTMENTS	
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting personal NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE	8
PART C REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for v	when
400 9 FALM TREE BLUD. 4408 CARE COLAL INSTRUCTIONS on who must this form and how to fill it out begon page 3. OTHER FORMS you may need file are described on page 6.	file gin

PART D — INTANGIBLE PERSONAL PROPERTY [S TYPE OF INTANGIBLE	Stocks, bonds, certifica	tes of deposit, etc.] BUSINESS ENTIT	Y TO WHICH THE	PROPERTY RELATES
STOCK	FNB C			
	BUSE	BANK	STOCK	
		4		
· ·				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			DDRESS OF CRED	
pt BUSEY BONK FLONIA	n 7986 Sa	MM BALII	N LAKES	ON. FT. MYERS
	. :			. /
PART F — INTERESTS IN SPECIFIED BUSINESSES	[Ownership or position	ns in certain types of t	ousinesses]	
BUSINESS I	ENTITY # 1	BUSINESS E	NTITY # 2	BUSINESS ENTITY # 3
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 SEPARAT	E SHEET, PLE	ASE CHECK HERE
SIGNATURE (required):	2	· ·	DATE SIGNED (re	equired):

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.

FILING INSTRUCTIONS:

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.

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.

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.

CE FORM 1 - Eff. 1/2005 PAGE 2

FORM 1	STATEMENT (OF	2004
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTE	RESTS	
	hAEI P.	FOR OFFICE USE ONLY:	
HOOG PALM THEE		ESSE NI	
CITY:		184 S. O. M.	
	19: COUNTY: 13904 LEE		No. 5th Actions
AIR PORTS SPECIAL NAME OF OFFICE OR POSITION HELD CO		Req. Code	
CHECK ONLY IF CANDIDATE OR	NEW EMPLOYEE OR APPOINTEE		PDF 2004
DECEMBER 31, 2004 MANNER OF CALCULATING REPORTABI THE LEGISLATURE ALLOWS FILERS TO REQUIRES FEWER CALCULATIONS, OR		IX YEAR, WHETHER BA RECEDING TAX YEAR E OTHER THAN THE CA SHOLDS THAT ARE AB CH ARE USUALLY BAS	NDING EITHER (check one): LENDAR YEAR: SOLUTE DOLLAR VALUES, WHICH ED ON PERCENTAGE VALUES (see
COMPARATIVE (PERCENTAGE) THE			R VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INCOI NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting pe SOURCE'S ADDRESS	, DE	ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
BUSEY BANK FLORIN	14 7980 SUMMERLIN LA	ISES DA. 13	ANKING
	FT. MYENS, F1. 3	1	
GEML FAMILY THUST		INV	ESTMENTS
		rces of income to busines ADDRESS DF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, building	ngs owned by the reporting person]		NG INSTRUCTIONS for when where to file this form are locat-
4009 PALT THEE	134UD HYOF CAME C	INST	TRUCTIONS on who must file form and how to fill it out begin age 3.
			IER FORMS you may need to re described on page 6.

PART D INTANGIBLE PERSONAL TYPE OF INTANGIBLE	PROPERTY [Stock	s, bonds, certi	ficates of de BUSIN	eposit, etc.] NESS ENTIT	Y TO WHICH TH	E PROPERTY RELATES
STOCK						
3,000		FNB CORPORATION - BANKING BUSE BANK STOCK				
		1040.	- /2			
			<u> </u>			
	i	<u>-</u>				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR					DDRESS OF CR	
BUSEY MANK FL	ORIDA	7980	Sunga	ERLI	N LAKE	I DR. FT. MYENS
7						
PART F — INTERESTS IN SPECIFIED	BUSINESSES [Ow	nership or pos	itions in cert	ain types of b	usinesses]	
1	BUSINESS ENTIT			BUSINESS EI		BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	- · · · · · · · · · · · · · · · · · · ·					
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY	NIA	/				
POSITION HELD WITH ENTITY				15.15.7		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST	/					
IF ANY OF PARTS A TH	ROUGH F ARE	CONTINUI	ED ON A	SEPARAT	E SHEET, PI	LEASE CHECK HERE
SIGNATURE (required):	1. Gl				DATE SIGNED	(required): 42, 2005
	FIL	ING IN	ISTRU	J CTIO	NS:	• /

WHAT TO FILE:

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