FORM 1		STATEM	ENT OF	<u>.</u>		2(007		
Please print or type your name, mailing address, agency name, and position belo	w:	FINANCIAL	INTERI	ESTS		n In			
LAST NAME FIRST NAME MIDDL Gillis Mark Jol MAILING ADDRESS : 1531 Hendry Street	nn	· · · · · · · · · · · · · · · · · · ·		FOR OFF USE ONL	Y:	r io ————————————————————————————————————	/		
CITY : Fort Myers NAME OF AGENCY : City of Fort Myers NAME OF OFFICE OR POSITION HE Planning Board Men You are not limited to the space on the lim CHECK ONLY IF CANDIDATE	s Pla LDORS mber	901 L nning Board OUGHT:	-		ID Cod ID No. Conf. C P. Req.	Code	°08JUN04PM0514 SOE Lee Co F1		
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 ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2007 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: 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): OR OR DOLLAR VALUE THRESHOLDS									
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME	NCOME		RCE'S			RIPTION OF THE SOU			
David Plummer &		1750 Ponce de							
Associates		Coral Gables,	FL. 33134			gineers			
		1531 Hendry S	treet			<u></u>			
		Fort Myers, F							
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES BUSINESS' INCOME	and other sources o ADDF OF SO	RESS	ousinesses	s owned by the reportin PRINCIPAL BUS ACTIVITY OF S	SINESS		
NA									
				.,, <u></u>		• •••• ••••			
			<u> </u>						
PART C REAL PROPERTY [Land, NA	buildings	owned by the reporting persor)]		and whe ed at th INSTR	GINSTRUCTION ere to file this form e bottom of page 2. UCTIONS on who m and how to fill it d	are locat- must file		
					on page OTHE		y need to		

					·····			
PART D — INTANGIBLE PERSO TYPE OF INTANGI	ks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
See Attachment								
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR						
NA								
				······································				
<u>, , , , , , , , , , , , , , , , , , , </u>		· · · · · · · · · · · · · · · · · · ·	- ** <u></u>					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
	BUSINESS ENTI	TY # 1	BUSINESS ENTITY #	2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NA		NA		NA			
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS ACTIVITY	N ₂₂₂							
POSITION HELD WITH ENTITY			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		<u> </u>						
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required):	MA	les	DATE	SIGNED (required	": 6/3/0 <i>1</i> 9			

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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

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; physical address: 3600 Maclay Blvd. 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.

ATTACHMENT 1

<u>MARK J. GILLIS</u> <u>FORM 1. STATEMENT OF FINANCIAL INTERESTS</u> <u>PART D – INTANGIBLE PERSONAL PROPERTY</u>

Type of Intangible

Business Entity

Mutual Funds 401K Mutual Funds Money Market Account Certificates of Deposit Stock Scudder Investments Franklin Templeton Investments Regions Bank Fifth Third Bank David Plummer & Associates