FORM 1	STATEN	MENT OF	2002			
Please print or type your name, mailing address, agency name, and position below	w: FINANCIA	L INTERESTS	/			
LAST NAME FIRST NAME MIDD  OUTLY  MAILING ADDRESS:	le name: Dan P	FOR OFF USE ONL				
	crest Lane	2 1/1	L IDCode			
Bonita Spring	s 34135 L	eel HC	ID No.			
CITY: Donita Springs	ee /	ID Code ID No.				
Bonita Spring		District	Conf. Code P. Req. Code			
NAME OF OFFICE OR POSITION HELD OR SOUGHT:  P. Req. Code						
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPO	DINTEE				
DISCLOSURE PERIOD:	**THIS SECTION N	IUST BE COMPLETED**				
	LOW WHETHER THIS STATEMENT	T IS FOR THE PRECEDING TAX YE	· · · · · · · · · · · · · · · · · · ·			
MANNER OF CALCULATING REPOR	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)	COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME	S	o the reporting person] OURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Bonita Springs Fire			GovernmentaL			
<u>Control + Rescue</u>		irings, FL	Fire CHIEF			
District	3413	5				
PART B SECONDARY SOURCES  NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clien NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ts, and other sources of income to b ADDRESS OF SOURCE	pusinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land,			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
Lee County Known	31, TWP 475, Re 1 as Lots 12, 13, 14		INSTRUCTIONS on who must file this form and how to fill it out begin			
E 1/2 of NW 1/4	of SE 14 of	SE YY	OTHER FORMS you may need to file are described on page 6.			
			ille are described on page 6.			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE   BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
					7,4
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR			
				· · · · · · · · · · · · · · · · · · ·	
PART F — INTERESTS IN SPECI	FIED BUSINESSES [Ov	vnership or positi	ons in certain types of businesse	s]	
	BUSINESS ENTI	TY # 1	BUSINESS ENTITY # 2	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 (required): Dan Janly DATE SIGNED (required): 4/23/03			red): φ/23/03		

# 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.

**Candidates** file this form together with their qualifying papers.

### 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. 1/2003 PAGE 2

FORM 1	STATEMENT O	F	2002		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	RESTS			
	ame: Dan P	FOR OFFIC USE ONLY	H B N		
MAILING ADDRESS Pine	Crest Lane				
Bonita Springs	34135 Lee				
Bonita Springs	34135 Leest		ID No.		
Bonita Springs Fire Control District			Conf. Code		
NAME OF OFFICE OR POSITION HELD OF FIRE CHI	•		P. Req. Code		
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):  DECEMBER 31, 2002 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  OR  DOLLAR VALUE THRESHOLDS					
			LLAR VALUE THRESHOLDS		
PART A PRIMARY SOURCES OF INCOI NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting personal SOURCE'S ADDRESS	on)	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Bonita Springs Fire	27490 Old 41 Ro	ad	Governmental		
Control + Rescue	Bonita Springs, A	1	Fire CHIEF		
District	34135				
		s of income to bus DRESS SOURCE	sinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY (Land, build)	ngs owned by the reporting person]		ILING INSTRUCTIONS for when nd where to file this form are locat-		
Residence Tract Sect. 31, TWP 475, Range 26 E			d at the bottom of page 2.		
Lee County Known as Lots 12, 13, 14 Pinecrest			NSTRUCTIONS on who must file his form and how to fill it out begin in page 3.		
E1/2 of NW 14 of SE 14 of SE 14			OTHER FORMS you may need to le are described on page 6.		
CE FORM 1 - Eff. 1/2003 (Continued on	everse side)		PAGE 1		

FORM 1	:	STATEMENT	2002		
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL INT	EREST	S	
LAST NAME - FIRST NAME - MIDD GOULTRY		in P		OFFICE ONLY:	
MAILING ADDRESS: 27206 Pin	e C	rest Lane			
Bonita Spring	S	34135 Lee		ID Code	
Bonita Springs 34135 Lee				ID No.	
NAME OF AGENCY: Springs Fire Control District				Conf. Code	
NAME OF OFFICE OR POSITION HE	P. Req. Code				
CHECK IF CANDIDATE OR		NEW EMPLOYEE OR APPOINTEE			
A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200  MANNER OF CALCULATING REPORE THE LEGISLATURE ALLOWS FILES REQUIRES FEWER CALCULATIONS	ELOW WHOZE  RESTHE  S, OR US  SE STATE	HETHER THIS STATEMENT IS FOR THE OR SPECIFY TAX YEAR INTERESTS: OPTION OF USING REPORTING THRESHOLDS, WIS BELOW WHETHER THIS STATEMENT	PRECEDING TA IF OTHER THAI ESHOLDS THAI HICH ARE USUA	N THE CALENDAR YEAR:  T ARE ABSOLUTE DOLLAR VALUES, WHICH ALLY BASED ON PERCENTAGE VALUES (see	
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME	NCOME	[Major sources of income to the reporting SOURCE'S ADDRESS	person)	DESCRIPTION OF THE SOURCE'S	
Bonita Springs Fire		27490 Old 41	Road	Governmental	
Control + Rescue		Bonita Springs	, Fr	Fire CHIEF	
District		34135			
PART B SECONDARY SOURCES  NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, and other se E OF MAJOR SOURCES F BUSINESS' INCOME	ources of income ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C - REAL PROPERTY [Land. Residence. Track Sect			lo E	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
Kesidence Tract Sent. 31, TWP 475, Range 26 E Lee County Known as Lots 12, 13, 14 Pinecrest haven				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	
E 1/2 of NW 14 of SE 1/4 of SE 1/4				OTHER FORMS you may need to file are described on page 6.	

Bonita Springs Fire Contr 239-949-6208

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