FORM 1	STATEMI	ENT OF	2003		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS			
LAST NAME FIRST NAME MIDDLE N	IAME :	FOR OF			
Green Kathern MAILING ADDRESS:	ne Causey	USE ON	LY:		
1307 Plymosa	Drive		1 /D Code		
			/ID Code		
Fort Myers FL NAME OF AGENCY:	ZIP: COUNTY: 33901	Lee	ID No.		
Nediterra North &	South Community	Dev. District	Conf. Code P. Reg. Code		
Local Officer - Bo	and Member for ea	ch District	F. Req. Code		
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINT		PDF 2003		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2003	V WHETHER THIS STATEMENT IS	ECEDING TAX YEAR, WHETH	` '		
REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S	THE OPTION OF USING REPORT R USING COMPARATIVE THRESH TATE BELOW WHETHER THIS STA	OLDS, WHICH ARE USUALL ATEMENT REFLECTS EITHER	` '		
COMPARATIVE (PERCENTAGE) 1	HRESHOLDS (		OOLLAR VALUE THRESHOLDS		
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	DME [Major sources of income to the SOUR ADDR	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
LIL A. i A. C.			2 10 1		
Adelaide For banks T		Ka, Bonita Springs	Family Trust		
	P. O. Berg 094.	ררו			
		۸, 44101-4777			
DART R SECONDARY SOURCES OF	<del> </del>		businesses owned by the reporting person]		
	NCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
		······································			
PART C REAL PROPERTY [Land, buil	dings owned by the reporting person	1	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
			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.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE  BUSINESS ENTITY TO WHICH THE PI				IE PROPERTY RELATES	
Various Mutual Funds Personal					
IKA	"				
Fla. Gulf	Bank		17		
124.					
PART E — LIABILITIES [Major of NAME OF CREE			ADDRESS OF CF	REDITOR	
Flouda Gulf	Brak	224 <b>7</b>	Friat St. Ft.	muers Fl 33901	
T warme out				0 /	
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [O	wnership or positio	ns in certain types of businesses]		
	BUSINESS ENT		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 (required): Hatherine am DATE SIGNED (required): 7-29-04					

#### 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.

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#### WHERE TO FILE:

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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.

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**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. 1/2004 PAGE 2

FORM 1	STATEM	ENT 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	
Green Kather MAILING ADDRESS:	ine Causey	USE ON	LY:	
1307 Plumos	a Drive			
		* g · · · · · · · · · · · · · · · · · ·	ID Code	
CITY:	ZIP: COUNTY:	Lee	ID No.	
NAME OF AGENCY:	-L 33901	260	1/	
Cast Lee Co	renty Council	1	Conf. Code	
LOCAL Officer	9 Board Memb	er	P. Req. Co	ue
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINT	TEE		
<b>L</b>		1		PDF 2003
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FA FISCAL YEAR. PLEASE STATE BELL DECEMBER 31, 2003  MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE	OW WHETHER THIS STATEMENT IS  OR SPECIFY  TABLE INTERESTS: S THE OPTION OF USING REPOR OR USING COMPARATIVE THRESH	FOR THE PRECEDING TAX Y TAX YEAR IF OTHER THAN T TING THRESHOLDS THAT A HOLDS, WHICH ARE USUALL	EAR ENDING HE CALENDAF RE ABSOLUTI Y BASED ON	EITHER (check one):  R YEAR:  E DOLLAR VALUES, WHICH
COMPARATIVE (PERCENTAGE	E) THRESHOLDS	OR KI I	OOLLAR VALUE	THRESHOLDS
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	SOU	ne reporting person] RCE'S RESS		TION OF THE SOURCE'S AL BUSINESS ACTIVITY
The Bonita Bay Gro	up 9990 Coconut	Ra Bonite Spring	s.FL	Cesidential Develope
adelaide Fair banks		ruot Div.	Fam	ely Trust
	P. O. Bux 094	777		(
	Cleveland, a	ß. 44101-4777		
PART B SECONDARY SOURCES O  NAME OF BUSINESS ENTITY	***		businesses ow	ned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, b	ouildings owned by the reporting person	n]	and where	ISTRUCTIONS for when to file this form are locat-ottom of page 2.
*				TIONS on who must file
	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ORMS you may need to

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
Various mutus	O Fund	Personal				
IKA		(1				
Fla. Gulf Bo	nt	<b>(1</b>				
6						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			ADDRESS OF CREE	DITOR		
Florida Gull Ba	nk s	tint Tres	SH. Ft. M	wers Fl 33901		
0				0 /		
PART F — INTERESTS IN SPECIFIED BU	JSINESSES [Ownersl	ip or positions in certain types	s of businesses]			
	BUSINESS ENTITY#	BUSINES	S 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 (required): Kathering Cel DATE SIGNED (required): 7-29-09						

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LAST NAME FIRST NAME MIDDLE N  Green Rother  MAILING ADDRESS:	' ^	FOR OFF USE ON				
1307 Plumos	a Drue		ID Code Property	<b>₩</b> ELEÇÎNÎ ALÎNA SANÇÎNÎ		
CITY: Fort Myers, Fl NAME OF AGENCY:	ZIP: COUNTY:	nee	ID No.	The second secon		
Pagm Black Blud. I NAME OF OFFICE OR POSITION HELD	ni provenent advis or sought: nber	ory Committee	P. Req. Code	The second of th		
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINT	EE	<u>.</u>	PDF 2003		
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	P.D. Box 9	14777				
	Clevland, E	DA. 44101-4777				
PART B SECONDARY SOURCES OF  NAME OF BUSINESS ENTITY	INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	nd other sources of income to ADDRESS OF SOURCE	PRINCIPAL	orting person] BUSINESS DF SOURCE		
PART C REAL PROPERTY [Land, bui	ldings owned by the reporting person	1	FILING INSTRUCTI and where to file this for ed at the bottom of pag	orm are locat-		
		-	INSTRUCTIONS on this form and how to fi on page 3.			
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE   BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
Various Mitu	el French	Pe	Isonal				
TPA			1.				
Fla. Gulf 1	Bank		t.				
6							
PART E — LIABILITIES [Major of NAME OF CRED		1		ADD	RESS OF CR	EDITOR	
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	3					<i>d</i> ′	
PART F — INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or posi	tions in certain typ	oes of bus	inesses]		
	BUSINESS ENT	ITY # 1	BUSIN	ESS ENT	ITY#2	E	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY							******
ADDRESS OF BUSINESS ENTITY	,						
PRINCIPAL BUSINESS ACTIVITY							4444
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):	atherine	a		D	ATE SIGNED	(required):	8-2-04
FILING INSTRUCTIONS:							

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