

2004

2005 2004

FORM 1 STATEMENT OF

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME - FIRST NAME - MIDDLE NAME:
 HAMEL RONALD JOHN

MAILING ADDRESS:
 11250 Bienvenida Way #201

FT Myers 33908 LEE

CITY: ZIP: COUNTY:

LEE COUNTY SMART Growth Committee

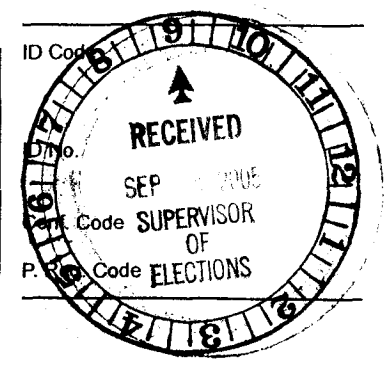
NAME OF AGENCY:
 Committee member

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

Pm 9/2/2005



PDF 2004

****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, 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, 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

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Salary: Gulf Citrus Growers	DSSN: PO Box 1319 Lo Belle FL 33975	TRADE ASSOCIATION Representing Reginald's Citrus growers

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

Condo/Home Residence 11250 Bienvenida Way #201 FT Myers FL 33908
Boat Slip # D-36 Gulf Harbour Yacht Club

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 PROPERTY RELATES
3 CD's	Third Federal Savings 4300 Cleveland Ave FT Myers FL 33901
401 K / SIMPLE PLAN	AMERICAN FUNDS PO Box 2560 Norfolk VA 23501
Stocks / Bonds / CDs	EDF Financial, 7204 Swan Lake Dr., FT Myers FL 33919

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Third Federal SFL (Home)	4300 Cleveland Ave FT Myers 33901
AMERICAN FARM BUREAU BANK	Box 33427 San Antonio TX 78265

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
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): _____ DATE SIGNED (required): _____

FILING INSTRUCTIONS:

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.
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.

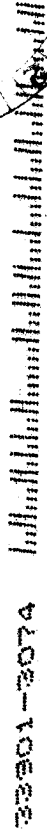
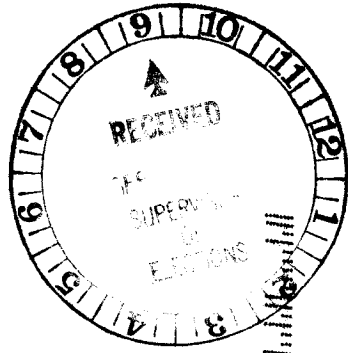
WHEN TO FILE:
Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less 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.



P.O. Box 1319
LaBelle, Florida 33975



Supervisor of Elections
Lee County
2480 Thompson St.
FT Myers FL 33901



2004

~~2004~~
~~2003~~

FORM 1

STATEMENT OF

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
HAMEL DONALD JOHN

MAILING ADDRESS :
12762 Yacht Club Circle

FT Myers 33919 LEE
CITY: ZIP: COUNTY:

LEE COUNTY SMART GROWTH COMMITTEE
NAME OF AGENCY :

COMMITTEE MEMBER
NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
2004 JAN 19 AM 11:49
SUPERVISOR OF ELECTIONS

CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

PDF 2003

THIS SECTION MUST BE COMPLETED

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PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Salary: Gulf Citrus Growers Assn	P.O. Box 1319 Lo Belle FL 33975	Trade Association Representing interests of Region's Citrus Growers

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

HOME	12762 Yacht Club Circle, Ft Myers
	Slip # 4 "Riverside" Marina Ft. Myers

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TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
4 Certificates of Deposit	Third Federal Savings & Loan 4300 Cleveland Ave Ft Myers FL 33901
Stocks/CDS	MARGON STOKLEY 4037 DEL Prado Blvd Cape Coral FL 33904
IRAs (3)	Scudder Investments Company 210 West 102 St Kansas City MO 64105
401-Ks	AMERICAN FUNDS PO Box 2560, Norfolk VA 23501

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
CHASE-MON. NATHAN Home Finance	Box 9001 871 Louisville Ky 40290
AMERICAN FARM BUREAU Bank	Box 33487 San Antonio TX 78265

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
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POSITION HELD WITH ENTITY			
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NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required): *Paul J. Daniel* DATE SIGNED (required): *1/5/05*

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