| FORM 1 | STATEMENT | OF | 2003 | |
|---|---|--|---|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL INT | ERESTS \[\] | , -3, 10 | |
| LAST NAME FIRST NAME MIDDLE HART THOMAS MAILING ADDRESS: | · | FOR OFFICE USE ONLY: | DIM JUL 25 THE | |
| 5845 SILVE | | | | |
| FORT MYERS CITY: NAME OF AGENCY: LEE COUNTY | FL 33919 LES ZIP: COUNTY: | | Code | |
| | \ \ \ \ \ | nf. Code | | |
| NAME OF OFFICE OR POSITION HELD | I P. F | Req. Code | | |
| CHECK IF CANDIDATE OR | | | | |
| DECEMBER 31, 2003 MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, C instructions for further details). PLEASE | BLE INTERESTS: THE OPTION OF USING REPORTING THR OR USING COMPARATIVE THRESHOLDS, W STATE BELOW WHETHER THIS STATEMENT | TAX YEAR, WHETHER BASE PRECEDING TAX YEAR EN IF OTHER THAN THE CAL SESHOLDS THAT ARE ABSE HICH ARE USUALLY BASE REFLECTS EITHER (check | NDING EITHER (check one): LENDAR YEAR: SOLUTE DOLLAR VALUES, WHICH ED ON PERCENTAGE VALUES (see | |
| 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 | DE P | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY | |
| KNOTT CONSOER EBELINE HAR | FORT MUISES FL 339 | | LAW FIRM | |
| HENDRY STREET PARTNERS | | | LESTATE PARTNERSHIP | |
| FIRST NATIONAL BANKSHARE OF FLOREDA | S 2150 Goodlette Road NAPLES, FL 3410 | North . | BANKING | |
| | | | | |
| PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY | INCOME [Major customers, clients, and other s NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ources of income to busines ADDRESS OF SOURCE | ses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| | | | | |
| | | | | |
| | | | | |
| PART C REAL PROPERTY [Land, bui | and v | NG INSTRUCTIONS for when where to file this form are locatine bottom of page 2. | | |
| 2045 BAYSIDE LA | WY FORT MYERS, FL | | RUCTIONS on who must file form and how to fill it out begin age 3. | |
| | | | ER FORMS you may need to re described on page 6. | |

| PART D — INTANGIBLE PERSO TYPE OF INTANG | ONAL PROPERTY [Stocks, bonds, GIBLE | certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE | PROPERTY RELATES | |
|---|---|--|---------------------|--|
| STOCK | KN 07 | T CONSOER EBELINE HA | RETY SWETT PA | |
| PART UER SHIP | INTEREST HE | | ERSHIP | |
| | | | | |
| | | | • | |
| | | | | |
| PART E — LIABILITIES [Major NAME OF CREI | | ADDRESS OF CREDITOR | | |
| | | | | |
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| | | | | |
| PART F — INTERESTS IN SPEC | IFIED BUSINESSES [Ownership or | positions in certain types of businesses] | | |
| PART F — INTERESTS IN SPEC | BUSINESS ENTITY # 1 | positions in certain types of businesses] BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 | |
| NAME OF BUSINESS ENTITY | • | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 | |
| NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY | BUSINESS ENTITY # 1 FERST NATIONAL BANK | BUSINESS ENTITY # 2 OF TURE OF | BUSINESS ENTITY # 3 | |
| NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 OF TURE OF | BUSINESS ENTITY # 3 | |
| NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY | BUSINESS ENTITY # 1 FERST NATIONAL BANK 2150 GOODLETTE ROAL | BUSINESS ENTITY # 2 OF TURE OF | 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 | BUSINESS ENTITY # 1 FERST NATIONAL BANK 2150 GOODLETTE ROAL BANKENG | BUSINESS ENTITY # 2 OF TURE OF | BUSINESS ENTITY # 3 | |
| NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY | BUSINESS ENTITY # 1 FIRST NATIONAL BANK 2150 GOODLETTE ROAL BANKING DIRECTOR | BUSINESS ENTITY # 2 OF TURE OF | 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 | BUSINESS ENTITY # 1 FIRST NATIONAL BANK 2150 GOODLETTE ROAL BANKING DIRECTOR NO STUCK | BUSINESS ENTITY # 2 OF TURE OF | | |
| 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 | BUSINESS ENTITY # 1 FIRST NATIONAL BANK 2150 GOODLETTE ROAL BANKING DIRECTOR NO STUCK | BUSINESS ENTITY # 2 OF FUNT OF O, MAPLES, FL | EASE CHECK HERE | |
| 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 | BUSINESS ENTITY # 1 FERST NATIONAL BANK 2150 GOODLETTE ROAL BANKING DIRECTOR NO STOCK A THROUGH F ARE CONTI | BUSINESS ENTITY # 2 OF FUNT OF OF FUNT OF NUED ON A SEPARATE SHEET, PLI | EASE CHECK HERE | |

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.

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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

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.