FORM 1	STATEMENT OF			2004		
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERE						
LAST NAME FIRST NAME MIDDLE NAME Kagan Elizabeth MAILING ADDRESS :	Proctor	FOR O USE O				
P.O. Box 6847		·	S IS X			
CITY: ZIP: Fort Myers 3.		ID Col	RVISOR C			
NAME OF AGENCY :		Conf.				
City of Fort Myers NAME OF OFFICE OR POSITION HELD OR S			Coor 101 12: 52			
Board of Adjustments and Appeals						
CHECK ONLY IF 🔲 CANDIDATE OR 🔲 NEW EMPLOYEE OR APPOINTEE						
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): Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">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): Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2" Image: Colspan="2">Colspan= 2 Colspan= 2						
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): Image: Comparative (PERCENTAGE) THRESHOLDS OR Image: Comparative Thresholds						
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	e reporting person] CE'S ESS		CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY			
Devonwood Development, Inc. Lake Devonwood Drive			Real Estate Oevelopment			
Imaging Resource Group, Inc. Lake Devonwood Drive			MRI Leasing & Service			
	}		<u> </u>			
	ME [Major customers, clients, and E OF MAJOR SOURCES EBUSINESS' INCOME	nd other sources of income to ADDRESS OF SOURCE	businesse	s owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
3						
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2:			
Grand Laymon Island - Uni		INSTRUCTIONS on who must file				
Pine Shadows Air Park-Und Alico Road -Undeveloped La			m and how to fill it out begin			
HICO Road - Undeveloped La Ruth Grove, Manater County. Lamb Grove, Manater County		OTHER FORMS you may need to file are described on page 6.				

PART D INTANGIBLE PERSO TYPE OF INTANG		ocks, bonds, certific	· · ·	ICH THE PROPERTY RELATES			
Stock		Imagina	Imaging Resource Group, Inc.				
Stack		Devonwood Development, Inc.					
Stack		PrivateSky Aviation Services, Inc.					
Stock			First Community Bank				
			g can				
PART E — LIABILITIES [Major of	debts]						
NAME OF CREDITOR		ADDRESS OF CREDITOR					
		_					
•							
	ارمند الرواحد الوحد الوحد						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
BUSINESS ENT		NTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	Imaging Resour	ce Group, In	Devonwood Developmen	At, Inc. Private Sky Aviation Services, Inc.			
ADDRESS OF BUSINESS ENTITY	6981 Lake Devonwood Drive		6981 Lake Devonwood 1	Orive 1 Private Sky Way			
PRINCIPAL BUSINESS ACTIVITY	MRI Sales & Service		Real Estate Sales	Ariation Repair & Service			
POSITION HELD WITH ENTITY	Quner/Manager		Owner/Manager	Quer			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		Yes	Yes			
NATURE OF MY OWNERSHIP INTEREST	Sharehold	er	Shareholder	Shareholder			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHEEK HERE							
		······································					
SIGNATURE (required):	glit 1	'ter	DATE S	June I 2005			
	F	ILING IN	STRUCTIONS:	T X			
WHAT TO FILE:WAfter completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.If yWorkIf yWorkIf yWorkIf yWorkIf yIf yIf yWorkIf y <t< td=""><td>WHERE TO FIL</td><td></td><td>WHEN TO FILE:</td></t<>		WHERE TO FIL		WHEN TO FILE:			
			the form by the Commission unty Supervisor of Elections	Initially, each local officer employee, state officer, and specified state employee must			
		or your annual dis to that location.	closure filing, return the form	file within 30 days of the date of his or her appointment or of the beginning of employ-			
			loyees file with the Supervisor	ment. Appointees who must be confirmed by the Senate must file prior to confirmation, even			
NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a Sta		nently reside. (If yo	county in which they perma- ou do not permanently reside	if that is less than 30 days from the date of their appointment.			
		Florida, file with the Supervisor of the county here your agency has its headquarters.) ate officers or specified state employees with the Commission on Ethics P.O. Drawer		<i>Candidates</i> 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.

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.

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 fails under, see the "Who Must File" Instructions on page 3.