

## FORM 1

## STATEMENT OF

2004

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

## FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

KELLY, MICHAEL FRANCIS

MAILING ADDRESS:

Box 548

CITY:

CAPTIVA

ZIP:

33924

COUNTY:

LEE

NAME OF AGENCY:

CAPTIVA COMMUNITY PANEL

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MEMBER OF COMMUNITY PANEL

CHECK ONLY IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEEFOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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 INCOMESOURCE'S  
ADDRESSDESCRIPTION OF THE SOURCE'S  
PRINCIPAL BUSINESS ACTIVITY

SEE ATTACHED SHEET

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

NAME OF  
BUSINESS ENTITYNAME OF MAJOR SOURCES  
OF BUSINESS' INCOMEADDRESS  
OF SOURCEPRINCIPAL BUSINESS  
ACTIVITY OF SOURCE

SEE ATTACHED SHEET

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

SEE ATTACHED SHEET

FILING INSTRUCTIONS for when  
and where to file this form are locat-  
ed 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

*SEE ATTACHED SHEET***PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

*NONE***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*SEE ATTACHED SHEET*ADDRESS OF  
BUSINESS ENTITYPRINCIPAL BUSINESS  
ACTIVITYPOSITION HELD  
WITH ENTITYI OWN MORE THAN A 5%  
INTEREST IN THE BUSINESSNATURE OF MY  
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

*Michael F. Kelly*

DATE SIGNED (required):

*4/14/05***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.

Form 1

# ADDENDUM TO STATEMENT OF FINANCIAL INTERESTS

2004

KELLY, MICHAEL FRANCIS BOX 548 CAPTIVA, FLA 33924

PART A PRIMARY SOURCES OF INCOME

1) LOWRY HILL (SUBSIDIARY OF WELLS FARGO BANK)

REV. TRUST ACCOUNT AND 401-K

90 S. 7<sup>TH</sup> ST #5300 MINNEAPOLIS, MN 55402

VARIOUS INVESTMENTS, NATIONALLY TRADED STOCK &amp; BONDS

2) SANIBEL CAPTIVA TRUST CO. REV. TRUST ACCOUNT

2407 PERIWINKLE WAY #7 SANIBEL, FLA 33927

VARIOUS INVESTMENTS, NATIONALLY TRADED STOCK &amp; BONDS

3) PENSION FUND SOURCES:

AETNA LIFE INS CO PO BOX 2944 HARTFORD CONN 06104

PRINCIPAL LIFE INS. CO 711 HIGH ST. DES MOINES IA 50392

STATE STREET RETIREMENT SERVICES

100 HALF DAY ROAD, LINCOLNSHIRE, ILL 60069

SOCIAL SECURITY BENEFITS - DEPT. OF TREASURY

1-800-829-1040 FOR ADDRESSES

4) A.C. EDWARDS &amp; SONS, INC REV. TRUST ACCOUNT

333 S. 7<sup>TH</sup> ST. #2880 MINNEAPOLIS MN 55402

VARIOUS INVESTMENT, NATIONALLY TRADED STOCK &amp; BONDS

5) DREYFUS MUNICIPAL BOND FUND

PO BOX 55238 BOSTON, MASS 02205

MUNICIPAL BONDS

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KELLY, MICHAEL FRANCIS BAL 548 CAPTIVA, RA 33924

PART B SECONDARY SOURCES OF INCOME

- 1) FEDERAL AVENUE LLC, A MINNESOTA LIMITED LIABILITY CORPORATION

ORDINARY INCOME GENERATED FROM OPERATIONS  
SOUTHBRIDGE MALL, FEDERAL AVENUE, MASH CITY, IOWA  
SHOPPING CENTER

- 2) MADISON MARQUETTE REALTY SERVICES, A  
MINNESOTA LIMITED LIABILITY CORPORATION  
CONSULTING SERVICES - GENERAL REAL ESTATE ISSUES  
11100 WAYZATA BLVD, MINNETONKA, MN 55315  
NATIONAL REAL ESTATE MANAGEMENT SERVICES

20050522 11:14:42  
STATE OF MINNESOTA  
COUNTY OF HENNEPIN

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KELLY, MICHAEL FRANCIS Box 548 CAPTIVA, FLA 33924

PART C - REAL PROPERTY

## 1) KELLY FAMILY LIMITED PARTNERSHIP

## A. SUMMER HOME AND LAKESHORE

26059 WOODLAND BEACH TRAIL } DEERWOOD, MN  
14382 WOODLAND BEACH COURT } 64440

## B. BEACH HOME #24

SOUTH SEAS PLANTATION, CAPTIVA, FLA 33924

## 2) 3210 TENNIS VILLA Condo

SOUTH SEAS PLANTATION, CAPTIVA FLA 33924

## 3) 6117 BLAKE RIDGE Condo

6117 BLAKE RIDGE ROAD EDINA, MN 55436

PART D INTANGIBLE PERSONAL PROPERTY

SEE RESPONSE PART A 1, 2, 3, 4 5

PART F INTERESTS IN SPECIFIED BUSINESSESSEE RESPONSE PART C 1. ACTIVITY: FAMILY REAL ESTATE,  
POSITION: GENERAL PARTNERSEE RESPONSE PART B 1. ACTIVITY: CORPORATE SHAREHOLDER  
POSITION: PRESIDENT