FORM 1		STATEM	ENT OF			2003		
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERF	ESTS				
LAST NAME FIRST NAME MIDD Leach Michael	LE NAME Stev			FOR O		1/1/		
MAILING ADDRESS :	2,6-			=	AMI			
1825 Hendry St	- 37	,	ID C	ode The state of t				
		\	$M^{-1}$					
CITY:	ZIP	[\ /	IDN	in S S				
Fort Myers NAME OF AGENCY:	3390		$\cup$	,5.,	f. Code			
Lee County Bocc	_		į	Con	f. Code 🦆 🧓			
NAME OF OFFICE OR POSITION HE		SOUGHT:			P. R	eq. Code		
Administrative Sp	ecial				7			
CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE								
**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, 2003 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 (PERCENTAC				x-26)	•	one): VALUE THRESHOLDS		
			<del></del>			VALUE TITLEGROUPS		
· · · · · · · · · · · · · · · · · · ·			to the reporting person] OURCE'S DESCRIPTION OF THE SOURCE'S NDDRESS PRINCIPAL BUSINESS ACTIVITY					
Lee County Bocc		1825 Handry St 3rd floor, Forthyers						
		1000 (1000)	0 4100 11	10-				
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		<u> </u>						
PART B SECONDARY SOURCES  NAME OF		ME [Major customers, clients, a E OF MAJOR SOURCES	and other sources of ADDR		business	ses owned by the reporting person]  PRINCIPAL BUSINESS		
BUSINESS ENTITY		BUSINESS' INCOME	OF SOL			ACTIVITY OF SOURCE		
					·· <u> </u>			
						k		
PART C REAL PROPERTY [Land,	buildings		FILING INSTRUCTIONS for when and where to file this form are locat-					
						the bottom of page 2.		
						INSTRUCTIONS on who must file this form and how to fill it out begin		
						on page 3.		
						ER FORMS you may need to e described on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE  I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
PART E — LIABILITIES [Major d NAME OF CREDI		ADDRESS OF CREDITOR					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENTI	TY#1	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): 6/2/04							
EILING INCTIONS.							

# 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.

# FILING INSTRUCTIONS:

## 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.

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.