FORM 1	STATEM	IENT OF		2003			
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS							
LAST NAME FIRST NAME MIDI Lepley, Doria Vitale MAILING ADDRESS :		FOR OF USE ON					
1825 Hendry Street,	3rd floor	1/		ode of an			
CITY: Fort Myers NAME OF AGENCY: Lee Coun Lee County Board of NAME OF OFFICE OR POSITION H		afety	1	ode SUPERVISION BELLEVISION			
Administrative Supe	NEW EMPLOYEE OR APPOI						
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): A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): A DECEMBER 31, 2003 OR A DECEMBER 31, 2003 OR A SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: A DECEMBER 31, 2003 OR A DECEMBER 31, 2003 OR A DECEMBER 31, 2003 OR A SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: A DECEMBER 31, 2003 OR A 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							
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME ADDRESS				SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY			
N/A							
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of NAME OF NAME OF MAJOR SOURCES ADD BUSINESS ENTITY OF BUSINESS' INCOME OF SO			business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Lepley Steel, Inc.	Contractors-Statewide	Varies statewide		<u>Structural Steel</u> Erection			
				Ŀ			
PART C REAL PROPERTY [Land	FILING INSTRUCTIONS for when and where to file this form are locat-						
N/A		ed at 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.			

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PART D — INTANGIBLE PERSO TYPE OF INTANG		cks, bonds, certific					
Savings Account		Amsouth					
Savings Account		Wachovia					
		ļ					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
Wachovia							
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
NAME OF	BUSINESS EN	TITY # 1	BUSINESS ENTITY # 2				
ADDRESS OF	Lepley Steel	, Inc.	N/A	N/A			
BUSINESS ENTITY PRINCIPAL BUSINESS	3747 Kenyon						
ACTIVITY POSITION HELD	Structural S	teel Erecti	on				
WITH ENTITY							
INTEREST IN THE BUSINESS	49%						
OWNERSHIP INTEREST	Wife of Owner						
IF ANY OF PARTS	A THROUGH F AF		D ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE (required): DOLLA LEPLY DATE SIGNED (required): 6-14-04							
FILING INSTRUCTIONS:							
WHAT TO FILE:WIAfter completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.If yon for to t		you were mailed the form by the Commission a Ethics or a County Supervisor of Elections r your annual disclosure filing, return the form that location.		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 employ- ment. Appointees who must be confirmed by			
of I ner NOTE: in f		Elections of the county in which they perma- ntly reside. (If you do not permanently reside Florida, file with the Supervisor of the county		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			

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.

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.

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.