

204039
Lee County
John Miller
1006 Alaska Ave.
Lehigh Acres FL 33971

1

STATEMENT OF FINANCIAL INTERESTS

2005

e, mailing
address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MILLER JOHN CHARLES

MAILING ADDRESS :

1006 ALASKA AVE

CITY :

LEHIGH ACRES

ZIP :

33971

COUNTY :

LEE

NAME OF AGENCY :

LEHIGH ACRES COMMUNITY PLANNING CORP.

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

DIRECTOR

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

DECLINING TO FILE

****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, 2005

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 INCOME

OUT OF ORDER
SEE RANKING

SOURCE'S
ADDRESS

DESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY

RANK

SOCIAL SECURITY

ATLANTA

RETIREMENT

2

AST TRUST COMPANY

GREENSBORO, NC

PENSION

3

AVIATION & MARINE
CONSULTING SERV.

1006 ALASKA AVE LEHIGH ACRES

PAYROLL (DBA)

1

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

NAME OF
BUSINESS ENTITY

NAME OF MAJOR SOURCES
OF BUSINESS' INCOME

ADDRESS
OF SOURCE

PRINCIPAL BUSINESS
ACTIVITY OF SOURCE

AVIATION MARINE
CONSULTING

SHAMROCK CORP.

GREENSBORO, NC

REPRODUCTION PRINTER

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

VACANT LOT, 2605 HELEN CIRCLE, LEHIGH ACRES

HOME, 1006 ALASKA AVE, LEHIGH ACRES, FL

VACANT LOT 1932 PINEVIEW RD ASHBORO NC

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

BANK OF AMERICA

ROTH IRA 401K

SUNTRUST BANK

CD

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

CITY BANK MORTGAGE

NEW YORK

SUNTRUST HOME EQUITY

FORT MYERS

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

CY2005

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF
BUSINESS ENTITYAVIATION & MARINE
CONSULTING SER.ADDRESS OF
BUSINESS ENTITY

1006 ALASKA AVE, LEHIGH

PRINCIPAL BUSINESS
ACTIVITY

CONSULTATION AVIATION

POSITION HELD
WITH ENTITY

OWNER, DBA

I OWN MORE THAN A 5%
INTEREST IN THE BUSINESS

YES

NATURE OF MY
OWNERSHIP INTEREST

SOLE PROPRIETOR

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):

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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

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.