

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 :

60-001274

FOR OFFICE
USE ONLY:M/ OUTLAW, CHRISTINE
2531 CHARLESTON PARK DR
ALVA FL 33920

C/

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
2005 JUN - 8 PM 12:00
SUPERVISOR OF ELECTIONS

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

NA

NA

NA

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

NA

NA

NA

NA

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.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

NA

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

NA

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 ENTITYADDRESS OF
BUSINESS ENTITYPRINCIPAL BUSINESS
ACTIVITYPOSITION HELD
WITH ENTITYI OWN MORE THAN A 5%
INTEREST IN THE BUSINESSNATURE OF MY
OWNERSHIP INTEREST

NA

NA

NA

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

SIGNATURE (required):

DATE SIGNED (required):

6-1-05

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.

COPY

**SHARON L. HARRINGTON
SUPERVISOR OF ELECTIONS
LEE COUNTY - FLORIDA**

| <u>PHYSICAL ADDRESS</u> | <u>MAILING ADDRESS</u> please send all correspondence to this address |
|---|--|
| LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 RD FLOOR FORT MYERS FL 33901 | P O BOX 2545 FORT MYERS FL 33902-2545 |
| MAIN OFFICE 239-533-6304 | FAX 239-533-6310 |

TO : Christine Outlaw
Charleston Park Neighborhood Association Committee

FROM : Bernie Feliciano
bfeliciano@leeelections.com
Qualifying Officer

OUTLAW, CHRISTINE
2531 CHARLESTON PARK DR
ALVA FL 33920

60-001274

DATE : May 17, 2005

RE : Filing of Statement of Financial Interests for 2004

You recently filed a **(Form 1X Statement of Financial Interest)** with the Lee County Supervisor of Elections Office for your appointment to the Charleston Park Neighborhood Association Committee. This particular form **(Form 1X)** is only filed when an appointed or elected member of a local board has ***already filed*** his/her standard/regular Form 1 and the Form 1 must be amended.

You are required to file a standard/regular Form 1 Statement of Financial Interest for 2004 (year ending 12-31-2004). Enclosed is a standard/regular Form 1 Statement of Financial Interest 2004 for you to complete and sign. A postage-paid envelope has been provided for you to return the completed and signed form by July 1, 2005.

Failure to file your standard/regular Form 1 Statement of Financial Interest for 2004 by September 1, 2005, will result in the Florida Commission on Ethics assessing a fine of \$25.00 for each day late, thereafter.

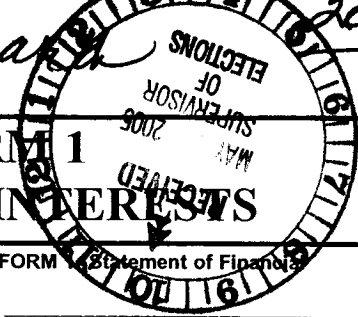
Please call me at 533-6304 if you have any questions regarding the enclosed items.

Enclosures: Form 1 Statement of Financial Interest for 2004 with Instructions
Postage Paid Return Envelope

filed 1X instead of Standard form 1

FORM 1X

AMENDMENT TO FORM 1
STATEMENT OF FINANCIAL INTERESTS



LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 1):

Outlaw Christine S.

MAILING ADDRESS:

2531 Charleston Park Dr.

Alva Fla. 33904 Lee

CITY: ZIP: COUNTY:

◆ THIS FORM 1X AMENDS THE FORM 1 (Statement of Financial Interests) I FILED FOR THE YEAR: _____

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: Board Member

◆ WITH THIS GOVERNMENTAL AGENCY: Charleston Park Neighborhood Association

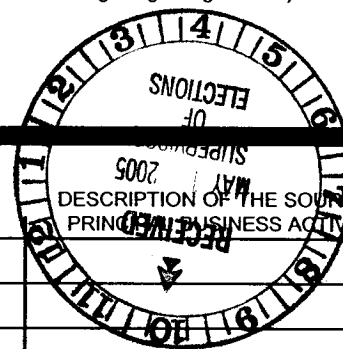
MANNER OF CALCULATING REPORTABLE INTERESTS:

PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS (mandatory for filings prior to 2001; elective for filings beginning in 2001)

OR

DOLLAR VALUE THRESHOLDS (elective for filings beginning in 2001)



PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE
OF INCOME

SOURCE'S
ADDRESS

Social Security / SSA

DESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY

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'S INCOME

ADDRESS
OF SOURCE

PRINCIPAL BUSINESS
ACTIVITY OF SOURCE

NA

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

NA

PART D - INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

NA

NA

The types of businesses covered in this disclosure are only: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies (including insurance agencies); mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies; utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

If you have or held such a position or ownership interest in one of these types of businesses, list (vertically for each business): the name of the business, its address and principal business activity, and the position held with the business (if any). Also, if you own(ed) more than a 5% interest in the business, as described above, you must indicate that fact and describe the nature of your interest.

(End of Instructions.)

PENALTIES

A failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [Sec. 112.317, Florida Statutes]

OTHER FORMS YOU MAY NEED TO FILE IN ORDER TO COMPLY WITH THE ETHICS LAWS

In addition to filing Form 1 F, you *may* be required to file one or more of the special purpose forms listed below, depending on your particular position, business activities, or interests. As it is your duty to obtain and file any of the special purpose forms which may be applicable to you, you should carefully read the brief description of each form to determine whether it applies.

Form 1X — Amended Statement of Financial Interests: To be used by *local officers, state officers, and specified state employees* to correct mistakes on previously filed Form 1's. [Sec. 112.3145(9), Fla. Stat.]

Form 2 — Quarterly Client Disclosure: Required of *local officers, state officers, and specified state employees* to disclose the names of clients represented for compensation by themselves or a partner or associate before agencies at the same level of government as they serve. The form should be filed by the end of the calendar quarter (March 31, June 30, Sept. 30, Dec. 31) following the calendar quarter in which a reportable representation was made. [Sec. 112.3145(4), Fla. Stat.]

Form 9 — Quarterly Gift Disclosure: Required of *local officers, state officers, specified state employees, and state procurement employees* to report gifts over \$100 in value. The form

should be filed by the end of the calendar quarter (March 31, June 30, September 30, or December 31) following the calendar quarter in which the gift was received. [Sec. 112.3148, Fla. Stat.]

Form 10 — Annual Disclosure of Gifts from Governmental Entities and Direct Support Organizations and Honorarium Event Related Expenses: Required of *local officers, state officers, specified state employees, and state procurement employees* to report gifts over \$100 in value received from certain agencies and direct support organizations; also to be utilized by these persons to report honorarium event-related expenses paid by certain persons and entities. The form should be filed by July 1 following the calendar year in which the gift or honorarium event-related expense was received. [Sec. 112.3148 and 112.3149, Fla. Stat.]

AVAILABILITY OF FORMS; FOR MORE INFORMATION

Copies of these forms are available from the Supervisor of Elections in your county and from the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864 (Suncom 278-7864); and at the Commission's web-site: www.ethics.state.fl.us.

Questions about any of these forms or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864 (Suncom 278-7864).

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

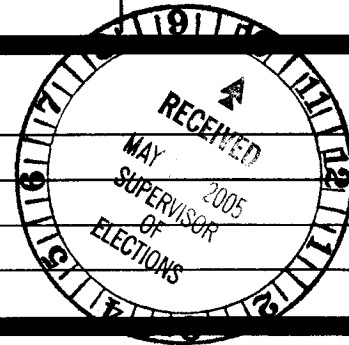
NA

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 | | | |
| 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 | | | |

PART G — EXPLANATION OF CHANGES

NA



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

SIGNATURE:

Christine Gullace

DATE SIGNED:

5-14-05

FILING INSTRUCTIONS:

WHERE TO FILE:

Return the form to the location where you filed the Form 1 that you are seeking to amend.

Local officers should have filed with the Supervisor of Elections of the county in which they permanently resided. (If you did not permanently reside in Florida, then with the Supervisor

of the county where your agency had its headquarters.)

State officers' or specified state employees' forms should be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates should have filed their Form 1

together with their qualifying papers.

QUESTIONS:

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864 (Suncom 278-7864).

INSTRUCTIONS FOR COMPLETING FORM 1 X:

INTRODUCTORY INFORMATION (At Top of Form):

NAME, DISCLOSURE PERIOD, NAME OF POSITION, and NAME OF AGENCY: Use the same information as on the original Form 1 you are seeking to amend.

MAILING ADDRESS: Use your current mailing address.

MANNER OF CALCULATING REPORTABLE INTERESTS: Check the box that corresponds to the type of thresholds you used for the original Form 1 you are seeking to amend.

PARTS A through F:

Use these sections of the form to report the new information you believe should have been reported on your original Form 1, continuing on a separate sheet if necessary. Additional instructions are found on pages 3-5, attached.

PART G:

Use this section of the form to explain the changes you are making in your original Form 1.

WHO MUST FILE FORM 1, Statement of Financial Interests:

All persons who fall within the categories of "state officers," "local officers," "specified state employees," as well as candidates for elective local office, are required to file Form 1. Positions within these categories are described, generally, below; the categories are specifically found in Sec. 112.3145, Florida Statutes. Persons required to file full financial disclosure (Form 6) and officers of the judicial branch do not file Form 1 (see Form 6 for a list of persons who must file that form).

STATE OFFICERS include the following state officials: (1) persons holding elective State office, unless required to file full disclosure on Form 6; (2) appointed members of boards, commissions, etc. having statewide jurisdiction, excluding members of solely advisory bodies; and (3) certain State university system personnel.

LOCAL OFFICERS include the following local government positions: (1) persons holding elective office in any political subdivision (such as municipalities, counties, and special districts), unless required to file full disclosure on Form 6; (2) appointed members of certain boards, councils, commissions, authorities, and other bodies of counties, municipalities, school districts, independent special districts, and other political subdivisions; and (3) persons holding certain appointive positions or employment positions in local government.

SPECIFIED STATE EMPLOYEES include a number of state positions in the executive, legislative, and judicial branches.

INTRODUCTORY INFORMATION (At Top of Form):

NAME: Please use the same name as appeared on the original Form 1 you are amending.

MAILING ADDRESS: Please use your current mailing address. The following persons should not use their home addresses: active or former law enforcement personnel, including correctional and correctional probation officers; personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities; personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect; personnel of the Department of Revenue or local governments responsible for revenue collection and enforcement or child support enforcement; firefighters; current or former state attorneys, assistant state attorneys, statewide prosecutors, and assistant statewide prosecutors; spouses and children of the above; and county and municipal code inspectors and code enforcement officers.

DISCLOSURE PERIOD: This should be the same period for which you reported on the Form 1 you are amending.

POSITION HELD OR SOUGHT: Use the title of the office or position you held or were seeking election to, as reported on the Form 1 you are amending. For example, "City Council Member," "County Administrator," "Purchasing Agent," or "Bureau Chief."

NAME OF AGENCY: This should be the name of the governmental unit which you serve or served, by which you are or were employed, or for which you are a candidate. For example, "City of Tallahassee," "Leon County," or "Department of Transportation."

MANNER OF CALCULATING REPORTABLE INTERESTS: As noted in this portion of the form, beginning in 2001 the Legislature has given filers the option of reporting based on either thresholds that are comparative (usually, based on percentage values) or thresholds that are based on absolute dollar values. Please check the box that reflects the thresholds applicable to the Form 1 you are amending.

PART A — PRIMARY SOURCES OF INCOME

[Required by Sec. 112.3145(3)(a)1 or (b)1, Fla. Stat.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose the amount of income received. The sources should be listed in descending order, with the largest source first. Please list in this part of the form the name, address, and principal business activity of each source of your income which (depending on whether you have chosen to report based on percentage thresholds or on dollar value thresholds) either:

exceeded five percent (5%) of the gross income received by you in your own name or by any other person for your benefit or use during the disclosure period, **or**

exceeded \$2,500.00 (of gross income received during the disclosure period by you in your own name or by any other person for your use or benefit).

You need not list your public salary resulting from public employment, but this amount should be included when calculating your gross income for the disclosure period. The income of your spouse need not be disclosed. However, if you are reporting based on percentage thresholds and if there is joint income to you and your spouse from property held by the entireties (such as interest or dividends from a bank account or stocks held by the entireties), you should include all of that income when calculating your gross income and disclose the

source of that income if it exceeded the 5% threshold.

"Gross income" means the same as it does for income tax purposes, including all income from whatever source derived, such as compensation for services, gross income from business, gains from property dealings, interest, rents, dividends, pensions, distributive share of partnership gross income, and alimony, but not child support.

Examples:

— If you were employed by a company that manufactures computers and received more than 5% of your gross income (salary, commissions, etc.) from the company (or, alternatively, \$2,500), then you should list the name of the company, its address, and its principal business activity (computer manufacturing).

— If you were a partner in a law firm and your distributive share of partnership gross income exceeded 5% of your gross income (or, alternatively, \$2,500), then you should list the name of the firm, its address, and its principal business activity (practice of law).

— If you were the sole proprietor of a retail gift business and your gross income from the business exceeded 5% of your total gross income (or, alternatively, \$2,500), then you should list the name of the business, its address, and its principal business activity (retail gift sales).

— If you received income from investments in stocks and bonds, you are required to list only each individual company from which you derived more than 5% of your gross income (or, alternatively, \$2,500), rather than aggregating all of your investment income.

— If more than 5% of your gross income (or, alternatively, \$2,500) was gain from the sale of property (not just the selling price), then you should list as a source of income the name of the purchaser, the purchaser's address, and the purchaser's principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed simply as "sale of (name of company) stock," for example.

— If more than 5% of your gross income (or, alternatively, \$2,500) was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

PART B — SECONDARY SOURCES OF INCOME

[Required by Sec. 112.3145(3)(a)2 or (b)2, Fla. Stat.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. You will not have anything to report unless:

(a) If you are reporting based on percentage thresholds:

(1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) during the disclosure period more than five percent (5%) of the total assets or capital stock of a business entity (a corporation, partnership, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and**

(2) You received more than ten percent (10%) of your gross income during the disclosure period from that business entity; **and**

(3) You received more than \$1,500 in gross income from that business entity during the period.

(CONTINUED on page 4)