FORM 1	STATEME	ENT OF		2003/5		
Please print or type your name, mailing address, agency name, and position below:	STS					
LAST NAME FIRST NAME MIDDLE NAME PARKER - WILEY - M	FOR OFFICE USE ONLY:		Ë			
MAILING ADDRESS: 1233 COCONUT ORIVE			-		冕	
			ID (Code	06JUN20PH0512	
FORT MYERS 335			ו סו	,	2	
CONSCRUCTION LAND ACD	\ C9/	f. Code	Les OF			
NAME OF OFFICE OR POSITION HELD OR S	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Req. Code	Ī			
CHECK IF CANDIDATE OR	E	<u> </u>	PDF 2	003		
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 5 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						
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	SOURC ADDRE	ESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
PARKER/MUDGETT/SMITH	2030-B WEST FIRST ST		RET A			
	I Promise Administration Pro		ı i			
ARCHITECTS, INC.	FORT MYERS, FL			services		
ARCHTREAS, INC.	FORT MYERS, FL			SERVICES		
PART B SECONDARY SOURCES OF INCO		3390	ncome to busines]	
PART B SECONDARY SOURCES OF INCO	ME [Major customers, clients, and E OF MAJOR SOURCES FBUSINESS' INCOME	d other sources of i	ncome to busines	ses owned by the reporting person PRINCIPAL BUSINESS ACTIVITY OF SOURCE)	
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PART B SECONDARY SOURCES OF INCO NAME OF BUSINESS ENTITY CITY OF FORT MYERS CHARLETTE COUNTY PUBLIC LEG COUNTY BOATH OF COUNTY PART C REAL PROPERTY [Land, buildings	ME [Major customers, clients, and E OF MAJOR SOURCES BUSINESS' INCOME SCHOOLS WHOSE BUSINESS' INCOME SCHOOLS owned by the reporting person)	ad other sources of in ADDRE OF SOU 2200 SEA	ncome to busines SS RCE WHO ST., FO. HO ST., F.	Ses owned by the reporting person, PRINCIPAL BUSINESS ACTIVITY OF SOURCE MYER. 33901 MYER. 33901 NG INSTRUCTIONS for with the reto file this form are local	hen	
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
STOCK		PARKER/MUDGET/SMITH ARCHITECTS, INC				
PROFIT SHARING TRUST		PARKON/MUDGET/SMITH ARCHITECT, IHC.				
		T	LOYEE PROFIT SHARIN			
IRAS		USB FINANCIAL SERVICES				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
AAMS INC		8600 INHOVATION WAY, CHICAGO, IL GO682-0086				
(Home Monggare)						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS EN	TITY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY		······································				
ADDRESS OF BUSINESS ENTITY	NO	NE				
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):	JILEY MPA	MKER PARKER	DATE SIGNED	(required): 16 JUHE 3006		
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.

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.