| FORM 1 STATEMENT OF  |   |   |  |  |  |
|--|---|---|--|--|--|
|  | FINANC  | IAL INTEREST  | [S   |  |  |
| LAST NAME  | IDDLE NAME:   | NAME OF REPORTING   | NAME OF REPORTING PERSON'S AGENCY:   |  |  |
| Pflaumer, Earl, -  |   |   | LeeCounty B.O.C.C.   |  |  |
| MAILING ADDRESS:   | _   |   | Division of Purchasing Services<br>CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):   |  |  |
| 1396 Torreya Circ  | le  |   |  |  |  |
|  |   |   |  |  |  |
| CITY: ZIP  |   | LIST OFFICE OR POSI   | LIST OFFICE OR POSITION HELD OR SOUGHT: Purchasing   |  |  |
|  |   |   |  |  |  |
|  | BELOW WHETHER THIS STAT   | EMENT IS FOR THE PRECEDING  | HETHER BASED ON A CALENDAR YEAR OR ON<br>TAX YEAR ENDING EITHER (check one):<br>AN THE CALENDAR YEAR:  |  |  |
| UES. BEGINNING IN 2001, THE L<br>DOLLAR VALUES, WHICH REQUI<br>MENT REFLECTS EITHER (check   | DS FOR REPORTING FINANCI.<br>EGISLATURE HAS ALLOWED I<br>RES FEWER CALCULATIONS ( | FILERS THE OPTION OF USING RE<br>see instructions for further details). | IVE, USUALLY BASED ON PERCENTAGE VAL-<br>EPORTING THRESHOLDS THAT ARE ABSOLUTE<br>PLEASE STATE BELOW WHETHER THIS STATE-<br>DOLLAR VALUE THRESHOLDS (new method) |  |  |
|  |   | come to the reporting person]<br>SOURCE'S<br>ADDRESS                    | E'S DESCRIPTION OF THE SOURCE'S  |  |  |
| ee County BOCC   | P.O. Box 3  | 98, Fort Myers  | County Government  |  |  |
|  |   |   |  |  |  |
|  |   |   |  |  |  |
|  |   |   |  |  |  |
| ART B SECONDARY SOURCES OF INCOME [Major customers, clients,<br>NAME OF<br>BUSINESS ENTITY NAME OF MAJOR SOURCES<br>OF BUSINESS'S INCOME |   | RCES   ADDRESS  | PRINCIPAL BUSINESS   |  |  |
| None   |   |   |  |  |  |
|  |   |   |  |  |  |
|  | -   |   |  |  |  |
|  |   |   |  |  |  |
| PART C REAL PROPERTY [La   | nd, buildings owned by the repor  | ting person]  | FILING INSTRUCTIONS for<br>— when and where to file this form are  |  |  |
| Vacant Lot in Cape   |   |   | Iocated at the bottom of page 2.   |  |  |
| near Burntstore Ro<br>Block # 5330, Unit   |   |   | this form and how to fill it out begin<br>on page 3 of this packet.  |  |  |
|  | - <b>- - - - - - - - - -</b>  | SIAUB <b>ans</b><br>Becciake  |  |  |  |
|  | <u> </u>  | 4/11.2.9.9.0  | OTHER FORMS you may need to file are described on page 6.  |  |  |

| PART D — INTANGIBLE PERSO<br>TYPE OF INTANG   |               | [Stocks, bonds, certifi  | cates of deposit, etc.]<br>BUSINESS ENTITY TO WHI  | CH THE   | PROPERTY RELATES  |  |  |  |
|---|---------------|--|--|----------|---|--|--|--|
| None  |               |  |  |          |   |  |  |  |
|   |               |  |  |          |   |  |  |  |
|   | <u> </u>      |  |  |          |   |  |  |  |
|   |               |  | <u></u>  |          |   |  |  |  |
|   |               |  |  |          |   |  |  |  |
|   |               |  | · · · · · · · · · · · · · · · · · · ·  |          |   |  |  |  |
| PART E — LIABILITIES [Major debts]<br>NAME OF CREDITOR  |               | J  | ADDRESS OF CREDITOR  |          |   |  |  |  |
| N/A   |               |  |  |          |   |  |  |  |
|   |               |  |  | ····     |   |  |  |  |
| <u></u>   |               |  | <u> </u>   | <u> </u> |   |  |  |  |
|   | <u></u>       |  |  |          |   |  |  |  |
|   |               |  |  |          |   |  |  |  |
| PART F — INTERESTS IN SPECI   | FIED BUSINESS | ES [Ownership or po  | sitions in certain types of busines  | sses]    |   |  |  |  |
|   | BUSINESS      | SENTITY # 1  | BUSINESS ENTITY # 2  | 2        | BUSINESS ENTITY # 3   |  |  |  |
| NAME OF<br>BUSINESS ENTITY<br>ADDRESS OF  | N/A           |  |  |          |   |  |  |  |
| BUSINESS OF<br>PRINCIPAL BUSINESS   |               | <u></u>  | · · · · · · · · · · · · · · · · · · ·  |          |   |  |  |  |
| ACTIVITY<br>POSITION HELD   |               |  |  |          |   |  |  |  |
| WITH ENTITY<br>I OWN MORE THAN A 5%   |               |  | <u> </u>   |          |   |  |  |  |
| INTEREST IN THE BUSINESS<br>NATURE OF MY  | <u> </u>      | <u> </u>   | <u> </u>   |          |   |  |  |  |
|   |               |  |  |          |   |  |  |  |
| IF ANY OF PARTS A   | THROUGH F     | ARE CONTINUE   | D ON A SEPARATE SHE  | ET, PLE  | ASE CHECK HERE  |  |  |  |
| SIGNATURE: Earl Planner DATE SIGNED: 6/7/01   |               |  |  |          |   |  |  |  |
| FILING INSTRUCTIONS:  |               |  |  |          |   |  |  |  |
| WHAT TO FILE: WHERE TO FILE: WHEN TO FILE:  |               |  |  |          |   |  |  |  |
| After completing all parts of this form, including If y<br>signing and dating it, send back only the first on<br>sheet (pages 1 and 2) for filing.<br>Lo<br>Ele |               | If you were mailed<br>on Ethics or a Cour<br>your annual disclos | you were mailed the form by the Commission<br>in Ethics or a County Supervisor of Elections for<br>bur annual disclosure filing, return the form to<br>at location.<br><b>bcal officers</b> file with the Supervisor of<br>lections of the county in which you permanently<br>uside. (If you do not permanently reside in<br>orida, file with the Supervisor of the county<br>here your agency has its headquarters.)<br><b>tate officers or specified state employees</b> file<br>ith the Commission on Ethics, P.O. Drawer |          | y, each local officer, state officer, and<br>ed state employee must file within 30<br>of the date of his or her appointment or of   |  |  |  |
|   |               | Local officers fi  |  |          | the beginning of employment. Appointees who<br>must be confirmed by the Senate must file prior<br>to confirmation, even if that is less than 30<br>days from the date of their appointment.<br><b>Candidates</b> for publicly-elected local office<br>must file at the same time they file their quali-<br>fying papers.<br><b>Thereafter</b> , local officers, state officers, and<br>specified state employees are required to file |  |  |  |
|   |               | reside. (If you do   |  |          |   |  |  |  |
| SARY: wh  |               | where your agency  |  |          |   |  |  |  |
| calendar or fiscal year is not required to file a sec-  |               | with the Commiss   |  |          |   |  |  |  |

Candidates file this form together with your qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

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, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

ond 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.