

FORM 1

## STATEMENT OF

2003

## FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

PRICE GARY ALLEN

MAILING ADDRESS:

27300 MATHESON AV.

BONITA SPRINGS 34135 LEE

CITY:

ZIP:

COUNTY:

CITY OF BONITA SPRINGS

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CITY MANAGER

CHECK IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEEFOR OFFICE  
USE ONLY:☒ Code

ID No.

Conf. Code

P. Req. Code

## \*\*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

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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
CITY OF BONITA	9220 BONITA BEACH ROAD BONITA SPRS, FL. 34135	MUNICIPALITY
CITY OF SAN. RETIREMENT	BENEFITS USA 3810 WILLOW CREEK BLVD 208 LAUDERHILL FL. 33319	RETIREMENT
ICMA RETIREMENT	777 H CAPITAL ST. N.E. NASH. DE.	RETIREMENT \$57 WITHDRAWAL

## 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
GARY A. PRICE INC	HOUSE IN '03		

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

1229 ALHAMBRA DR. FT MYERS 33901
6471 MORGAN LA FEE LANE, FT MYERS 33912
27300 MATHESON AV, BONITA SPRINGS 34135

FILING INSTRUCTIONS for when and where to file this form are located 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

ICMA RETIREMENT	COOP

## PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

SUNCOAST SCHOOLS GEL	POB 11904, TAMPA, FL 33680
WASHINGTON MUTUAL	POB 3139 MILWAUKEE, WI 53201
WORLD SAVINGS	POB 78353, PHOENIX, AZ 85062
EDISON NATL BANK	13000 S. CLEVELAND, FT MYERS FL 33907
VISA PLATINUM SELECT	POB 8034 S. HACKENSACK N.J. 07606
AM EXPRESS BLUE	POB 53001, ATLANTA GA 30353

## 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	GARY A. PRICE LLC	NORAL PRICE ANTIQ	
ADDRESS OF BUSINESS ENTITY	1229 ALHAMBRA, FT MYERS, FL 33901	FT MYERS, FL 33901	
PRINCIPAL BUSINESS ACTIVITY	CONSULTING	ANTIQUES, RETAIL	
POSITION HELD WITH ENTITY	OWNER	SPOUSE	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	NO	
NATURE OF MY OWNERSHIP INTEREST	SOLE PROPRIETOR	SOLE PROPRIETOR	

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

SIGNATURE (required):

DATE SIGNED (required):



6/18/04

**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.