

FORM 1

STATEMENT OF

2003

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILIN

Peter Sholley 81284

P O Box 6 POB1421

West Falmouth, MA 02574

CITY:

1120 11TH ST.

Boca Grande FL 33921

NAME OF AGENCY :

GASPARILLA ISLAND BRIDGE AUTHORITY

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

SUPERVISOR, GIBB BRIDGE BOARD

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

ID 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
PETER SHOLLEY TRUST	NORTHERN TRUST VENICE FL	INVESTMENT MANAGEMENT

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
TARGET ASSOCIATES	CONSULTING FERS	NORTHERN TRUST VENICE FL	INVESTMENT MANAGEMENT

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

1120 11TH ST., BOCA GRANDE FL 33921

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

STOCKS, BONDS, MONEY
MARKET FUNDS

N.A.

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

TRADE CREDITORS

VARIOUS

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

TARGET ASSOCIATES

ADDRESS OF
BUSINESS ENTITY

1120 11TH ST., POB 1421

PRINCIPAL BUSINESS
ACTIVITY

Boca Grande FL 33421

POSITION HELD
WITH ENTITYINVESTMENT MANAGEMENT
PRESIDENTI OWN MORE THAN A 5%
INTEREST IN THE BUSINESS


YES

NATURE OF MY
OWNERSHIP INTEREST

STOCK

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

SIGNATURE (required):



DATE SIGNED (required):

8/7/04

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.

FORM 1**STATEMENT OF****2003**

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

FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME:

SHOLLEY PETER BURRILL

MAILING ADDRESS:

1120 11TH ST.

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

DIVISION OF ELECTIONS
SECRETARY OF STATE

04 JUL 12 PM 12:00

FILED

CITY:

ZIP:

COUNTY:

BOCA GRANDE 33921 LEE

NAME OF AGENCY:

GASPARILLA ISLAND BRIDGE AUTHORITY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

SUPERVISOR, GIBA, SEAT #5

CHECK IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**"THIS SECTION MUST BE COMPLETED"****DISCLOSURE PERIOD:**

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DECEMBER 31, 2003

OR ☐

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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
PETER SHOLLEY TRUST 95%	NORTHERN TRUST BANK 901 VENETIA BAY BLVD VENICE FL 33592	INVESTMENT MAN- AGEMENT OF TRUST ASSETS

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
TARGET ASSOCIATES 5%	NORTHERN TRUST	5050 LASALLE ST CUSHING ALA 36007	TRUSTEE FEES

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

1120 11TH ST, BOCA GRANDE FL 33921

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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
STOCKS + BONDS	PETER SHOLLEY TRUST
MONEY MARKET FUNDS	(PERSONAL)

PART E — LIABILITIES (Major debts)

NAME OF CREDITOR	ADDRESS OF CREDITOR
TRADE CREDITORS	VARIOUS (MINOR)

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	TARGET ASSOCIATES		
ADDRESS OF BUSINESS ENTITY	1120 11th ST., BOCA RATON FL 33421		
PRINCIPAL BUSINESS ACTIVITY	INVESTMENT MANAGEMENT		
POSITION HELD WITH ENTITY	PRESIDENT		
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	COMMON STOCK		

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

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DATE SIGNED (required):

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State of Florida
COMMISSION ON ETHICS
3600 Maclay Blvd., South, Suite 201
P.O. Drawer 15709
Tallahassee, FL 32317-5709

Bonnie J. Williams
Executive Director

Philip C. Claypool
General Counsel

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278-7864 Suncom
(850) 488-3077 (FAX)
www.ethics.state.fl.us

August 4, 2004

Peter Burrill Sholley
1120 11th Street
P O Box 1421
Boca Grande, FL 33921

Dear Mr. Sholley:

Your Form 1, Statement of Financial Interests, has been misfiled with the Commission on Ethics. By copy of this letter, I am forwarding said form to the Lee County Supervisor of Elections for appropriate filing.

Sincerely,

A handwritten signature in cursive script that reads "Shirley A. Taylor".

Shirley A. Taylor
Program Manager

cc: Sharon Harrington
Lee County Supervisor of Elections (w/enclosure)

2004 AUG 12 PM 4:04
SUPERVISOR OF ELECTIONS