| FORM 1 | STATEM | MENT OF | | 2003 | | |
|---|---|--|---|---|--|--|
| Please print or type your name, mailing address, agency name, and position belo | w: FINANCIAI | LINTERESTS | i [| | | |
| LAST NAME FIRST NAME MIDDLE Siegel Benja MAILING AIDRESS: 11163 Lakeland | min Koss | FOR OUSE OF | | Sode Sode | | |
| CITY: Lee County of NAME OF AGENCY: NAME OF OFFICE OR POSITION HE | | 2 00 | Con P. R | 1 500 | | |
| CHECK IF CANDIDATE OR | NEW EMPLOYEE OR APPOI | NTEE | | | | |
| **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 II NAME OF SOURCE | so | URCE'S | 3 | SCRIPTION OF THE SOURCE'S | | |
| Lee County Port Authority 16000 Chamberlin Porty | | DRESS Posky | PRINCIPAL BUSINESS ACTIVITY Air port | | | |
| | | • | | | | |
| | | | 1 | | | |
| PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY | OF INCOME [Major customers, clients NAME OF MAJOR SOURCES OF BUSINESS' INCOME | , and other sources of income to ADDRESS OF SOURCE | business | es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | |
| NA | | | | | | |
| | | | | | | |
| | | | | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person] | | | and w | IG INSTRUCTIONS for when here to file this form are locat- | | |
| NA | | | 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 | | | |

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|--|--|--|---------------------|--|--|--|
| PART D — INTANGIBLE PERSO TYPE OF INTANGI | ONAL PROPERTY [Stocks, bonds, cer | ertificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE | PROPERTY RELATES | | | |
| NA | | | | | | |
| | | | | | | |
| <u> </u> | | <u> </u> | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PART E — LIABILITIES [Major o | dehts] | | | | | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | |
| NA | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PART F — INTERESTS IN SPECIF | FIED BUSINESSES [Ownership or po | ositions in certain types of businesses] | | | | |
| BUSINESS ENTITY # 1 | | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 | | | |
| NAME OF BUSINESS ENTITY | NA | | | | | |
| 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 | | | | | | |
| IF ANY OF PARTS A | THROUGH F ARE CONTINU | UED ON A SEPARATE SHEET, PLE | EASE CHECK HERE | | | |
| SIGNATURE (required): | SIGNATURE (required): DATE SIGNED (required): 6 4 04 | | | | | |
| | FILING I | NSTRUCTIONS: | | | | |
| WHAT TO FILE. WHEN TO FILE. | | | | | | |

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.

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.

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 posi-

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.