FORM 1	STATEM	ENT OF		<u>د ک</u> 2004
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS		
LAST NAME FIRST NAME MIDDI MAIL STACHLER, MARSHA 14904 BONAIRE CIR FORT MYERS FL 339	76-009787 <u> </u>	FOR O		25 AM 8:
CITY	_		ID No	N.
NAME OF AGENCY: Lee County Afformance of Office or Position HE Board Member	dable Housing Advisor	ry Commita	Conf.	Code q. Code
CHECK ONLY IF  CANDIDATE	OR NEW EMPLOYEE OR AF	PPOINTEE		
A FISCAL YEAR. PLEASE STATE BE  DECEMBER 31, 200  MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS	A OR SPECIFY  TABLE INTERESTS: IS THE OPTION OF USING REPORT OR USING COMPARATIVE THRESH E STATE BELOW WHETHER THIS ST	ECEDING TAX YEAR, WHET FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN T TING THRESHOLDS THAT A HOLDS, WHICH ARE USUAL ATEMENT REFLECTS EITHE	HER BASE YEAR END THE CALEI ARE ABSC LY BASED R (check o	NDAR YEAR:  DLUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME BONI to Bay Properties,	9991) COCO NUT	e reporting person] RCE'S RESS A: Suite 200 FL 34135	_	cription of the source's ncipal business activity  Development + Sales
)	, , ,			
PART B SECONDARY SOURCES ( NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	businesse	s owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
		·		
		<u> </u>		
PART C REAL PROPERTY [Land,	buildings owned by the reporting person	)]	and wh	G INSTRUCTIONS for when ere to file this form are locat- ne bottom of page 2.
TRACT 9, Plat Cabine	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
			OTHE	R FORMS you may need to

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHICH TH	HE PROPERTY RELATES	
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR			
Suntrust Mortgage		P.O. Box 26149 Richmond VA 23260			
Fifth Third Bank		P.O. Box 630778 Cincinnati OH 45263			
min pane			7		
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [O	wnership or position	ons in certain types of businesses]		
	IFIED BUSINESSES [O		ons in certain types of businesses]  BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	_		-	BUSINESS ENTITY # 3	
NAME OF	_		-	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS	_		-	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD	_		-	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	_		-	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	_		-	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY 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	BUSINESS ENT	ITY#1	-		
NAME OF BUSINESS ENTITY 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	BUSINESS ENT	ITY#1	BUSINESS ENTITY # 2	LEASE CHECK HERE	
NAME OF BUSINESS ENTITY  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	A THROUGH F ARE	E CONTINUES	BUSINESS ENTITY # 2  O ON A SEPARATE SHEET, P	LEASE CHECK HERE	

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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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 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.