FORM 1	STATEMENT OF	2003
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERI	ESTS
Stanler Mary C MAILING ADDRESS: Sevilla D	# 202 # 703	FOR OFFICE USE ONLY:
CITY: 239-225-045 NAME OF AGENCY: GATEWAY LEMMUNIT NAME OF OFFICE OR POSITION HELD OR S SECRETARY - BD &	1 Y DEVELOPMENT DISTR	ID Code ID No. Conf. Code P. Req. Code
		PDF 2003
	ETHER THIS STATEMENT IS FOR THE PRECE	EAR, WHETHER BASED ON A CALENDAR YEAR OR ON
REQUIRES FEWER CALCULATIONS, OR US	OPTION OF USING REPORTING THRESHOLI SING COMPARATIVE THRESHOLDS, WHICH AI BELOW WHETHER THIS STATEMENT REFLEC	DING TAX YEAR ENDING ETHER (CHECK ONE): HER THAN THE CALENDAR YEAR: DS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH RE USUALLY BASED ON PERCENTAGE VALUES (see CTS EITHER (check one): DOLLAR VALUE THRESHOLDS
	[Major sources of income to the reporting person]	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Husbands - retirement	American Road	Automotice.
pension-Ford Motor	Dearborn, ML 481.	21
NAME OF NAM	E OF MAJOR SOURCES ADDI	of income to businesses owned by the reporting person] PRESS PRINCIPAL BUSINESS DURCE ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, buildings		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
- Principal reside	nie - only	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.

of Elections

PART D — INTANGIBLE PERSONAL PROPE TYPE OF INTANGIBLE	RTY [Stocks, bonds, certif	icates of deposit, etc.] BUSINESS ENTITY TO WHICH TH	E PROPERTY RELATES
· IRA- (401K+ Fidel	HY Invest	ments - Ford	401K
· REIT - AOIK - Le	Jells Real?	Estate Investm	ent Trust
· 401K - Allia	nz Insur	ance Compan	1
· FORD MONEY MA	HRICET AND	Lount	
	ble Stack	c Account	
· CHECKING —	- CHART	ER ONE BANK) >
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	1	ADDRESS OF CRI	EDITOR
GMAC Mortgage -	nome PO BOX	180 - Watterso, Ic	WA 5010A
GMAC MAHAACE - DC	0 1 14	lichigan Home.	
	el Po Bo		11X AZ 85062
	chican		10000
PART F — INTERESTS IN SPECIFIED BUSINE	SSES [Ownership or posi	tions in certain types of businesses]	•
BUSI	NESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	<u> </u>		
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 THROUG	6H F ARE CONTINUE	ED ON A SEPARATE SHEET, PL	EASE CHECK HERE
SIGNATURE (required): May J Caro	1 Stank	DATE SIGNED	(required): -/6-04
,	FILING IN	ISTRUCTIONS:	
WHAT TO FILE.	WHERE TO FI	IF: WH	EN 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.

F	AX	7
TO:	Sa Yo	te C



	Date	8-9-04
OR OF	<u></u>	
onstitutional Complex	Number of	nades includind cover s

Constitutional Complex	Number of pages including cover sheet
TO: Mary CDD	FROM: Sharon L. Harrington
Sate way CDD	ELECTIONS, LEE COUNTY,FLORIDA
TO WIND FAMILIE	P O BOX 2545
8-9-04 12-45 PM	FORT MYERS, FL. 33902-2545
Phone	
Fax Phone 56/-/350	
_	Phone 239 339-6300
CC:	Fax Phone 339-6310
REMARKS: Urgent For your review	☐ Reply ASAP ☐ Please Comment

Capy of farm I fenancial Disclasure for: Mary Caral Stanley

FORM 1	STATEMENT OI	F 200	3
Please print or type your name, mailing address, agency name, and position below:	FINANCIAĹ INTER	RESTS	
Stanler Mary (Mailing address:	[avol # 202	FOR OFFICE USE ONLY:	REO
CITY: ZIP 239-225-045 NAME OF AGENCY: GATEWAY LOMMUNIT NAME OF OFFICE OR POSITION HELD OR: SECRETARY - BD &	33913 Loc COUNTY: 1 Y DEVELOPMENT DISTE	P. Req. Code	PDF 2003
A FISCAL YEAR. PLEASE STATE BELOW W DECEMBER 31, 2003 MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR U	HETHER THIS STATEMENT IS FOR THE PRECONS OR SPECIFY TAX YEAR IF OT INTERESTS: OPTION OF USING REPORTING THRESHOSING COMPARATIVE THRESHOLDS, WHICH E BELOW WHETHER THIS STATEMENT REFLI	YEAR, WHETHER BASED ON A CALENDAR YEAR CEDING TAX YEAR ENDING EITHER (check one): OTHER THAN THE CALENDAR YEAR: OLDS THAT ARE ABSOLUTE DOLLAR VALUES A ARE USUALLY BASED ON PERCENTAGE VALUE	, WHICH
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE	[Major sources of income to the reporting person SOURCE'S	oon] DESCRIPTION OF THE SOUR	
Husbands - retirement pension - Ford	American Road Dearborn, ML 48	Automotice. 3121	/II Y
NAME OF NAM	E OF MAJOR SOURCES AD	es of income to businesses owned by the reporting p DDRESS PRINCIPAL BUSIN SOURCE ACTIVITY OF SOL	NESS
PART C REAL PROPERTY [Land, building Principal result	s owned by the reporting person] ACC - OM 4	FILING INSTRUCTIONS and where to file this form ar ed at the bottom of page 2. INSTRUCTIONS on who m this form and how to fill it ou on page 3. OTHER FORMS you may file are described on page 6.	e locat- nust file it begin

PART D INTANGIBLE PERSO				
TYPE OF INJANG	ONAL PROPERTY [Stoc	ks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES
· IRA- (401K)	- Fidelity	Investi	ments - F	ord 471K
· REIT - 401	K-Wells	Rail E	state Inves	stment Trust
· 401K -	Allianz	Insur	ence Comp	any
· FORD MONE	Y MARKE	T ACC	ount	,
E-TRADE -	variable	Stack	Account	
· CHECKING		CHARTE	ER ONE B	ANK
PART E — LIABILITIES [Major NAME OF CREI			ADDRESS	OF CREDITOR
GMAC Morta	ace-nome	PO BOX	180 - Watterwa	0, IOWA 5010A
SMAC MOHGA	ce - our un	sold M	Ichican Horr	
Guaranty Resi	Dential	PO BOX	18833 - PV	10enix AZ 85062
Son's house	in Michiga	an		
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [O	wnership or position	ons in certain types of business	es]
NAME OF	BUSINESS ENT	ITY # 1	BUSINESS ENTITY #	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	BUSINESS ENT	ITY # 1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	BUSINESS ENT	ITY # 1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	BUSINESS ENT	ITY # 1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	BUSINESS ENT	ITY # 1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	BUSINESS ENT	ITY#1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	BUSINESS ENT	ITY#1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3
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 ENTITY # 3 EET, PLEASE CHECK HERE
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			O ON A SEPARATE SHE	
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 IF ANY OF PARTS A	A THROUGH F ARE	E CONTINUE	O ON A SEPARATE SHE	EET, PLEASE CHECK HERE

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