UL 26 Louis fer 1:37pm				
FORM 1		STATEM	ENT OF	2003
Please print or type your name, mailing address, agency name, and position belo	W: FIN	ANCIAL	INTEREST	S S
LAST NAME - FIRST NAME - MIDDI TATE GLURIA MAILING ADDRESS : 261 BAYSHUFE	RASC		OFFICE ONLY:	
CITY: CAPE ORAL 33904 LEE NAME OF AGENCY: CITY (APE ORAL NAME OF OFFICE OR POSITION HELD OR SOUGHT: COUNCITMEMBER COUNTY: P. Req. Code				
	NEW EM		FEE	PDF 2003
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):				
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME ADDRESS PRINCIPAL BUSINESS ACTIVITY				
			Real estate Dales	
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE				
and where to file this form are loca ed at the bottom of page 2.				FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.
H952 VILERAL St on page 3.				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
4956 Vincennes St 1/3 ownership Hala NW 2643 St. 1/2 ownership				OTHER FORMS you may need to file are described on page 6.

1525 NE 2310 St. 1/2 ownership 2020 Burnt Store Road 2014 Burnt Store Road 1/3 ownership 2008 Burnt Store Road 2003 Burnt Store Road 2005 NW 32nd Place 2007 NW 32nd Place

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PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	[Stocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	Charles Schwab
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase Montgage	
Wells Jargo	
Countrywite	
Fud Motor Credit	
PART F — INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or positions in certain types of businesses]
	S ENTITY # 1 BUSINESS ENTITY # 2 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	
IF ANY OF PARTS A THROUGH F	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE (required):	Paro Sate DATE SIGNED (required): 7 26/04
	FILING INSTRUCTIONS:
WHAT TO FILE:	WHERE TO FILE: WHEN TO FILE:
After completing all parts of this form, including signing and dating it, send back only the first	If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections Initially, each local officer/employee, state officer, and specified state employee must file
sheet (pages 1 and 2) for filing.	for your annual disclosure filing, return the form to that location. within 30 days of the date of his or her appointment or of the beginning of employ-
	Local officers/employees file with the Supervisor of Elections of the county in which they perma-
NOTE:	nently reside. (If you do not permanently reside in Florida file with the Supervisor of the county

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 gualifying.

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.

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	FORM 1 STATEMENT OF				2003
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS					1
TATE - GLORIA	e contra i jije c				
ailing address: 261 BAYShure Dr.					
CAPE COEAL 3	3904 LE	Ē		ID Code	
CITY OF CAPE	COUNTY:		Ť	ID No.	
NAME OF AGENCY: CITY (ON	INCIL MEM	IBER		Conf. Code	SU 2
NAME OF OFFICE OR POSITION HELD OR				P. Req. Code	
	NEW EMPLOYEE OR APPOIN	ITEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINAN A FISCAL YEAR. PLEASE STATE BELOW W DECEMBER 31, 2003		RECEDING TAX YEAF	R, WHETHER I NG TAX YEAR	R ENDING EITHER	CheckCone):
MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR U instructions for further details). PLEASE STAT	OPTION OF USING REPOR SING COMPARATIVE THRES E BELOW WHETHER THIS ST	HOLDS, WHICH ARE	E USUALLY B/ S EITHER (cho	ASED ON PERCE eck one):	ENTAGE VALUES (see
			DOLL	AR VALUE THRE	SHOLDS
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S OF INCOME ADDRESS					F THE SOURCE'S SINESS ACTIVITY
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				·····	
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting personal prices of the sources of income to businesses owned by the reporting personal prices of the sources of the source of the sources of the sources of the sources of the sources of the source of the sources of the sources of the source of the source of the source of the sources of the source of the sources of the source of the source of the source of the source of the sources of the sources of the sources of the sources of the source of the sources of the sou					ICIPAL BUSINESS
PART C REAL PROPERTY [Land, buildings owned by the reporting person] i/ unner FILING INSTRUCTIONS for and where to file this form are to ed at the bottom of page 2.				this form are locat-	
4956 VINCENNES St. 13 Ownership Cope (craf INSTRUCTIONS on who must fill Z61 Bay Share Dr. Cape Coral - primay resider con page 3.					
4213 SE 19th pl. HIM CAPC CORAL LONDO OTHER FORMS you 4212 NW 26th Steet Cape Coral land 1/2 OWNER file are described on par					

				•.	
PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	[Stocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WH			
IRA	SmiTt	1 1 2 2 1 51 /	~	NATIONWIDE	
PART E — LIABILITIES [Major debts]					
NAME OF CREDITOR		ADDRESS		DITOR	
Countrywide	P.O. B	0 x 660694.	Dall	US Texus 75266	
Chase 5	φ.υ.	BOX 900187	1 4	oursvalle KT. 40290	
Wells FAISO	P.U. K	30x 30147	TAN	1 ph FL 33630	
Flagstar. mortglise					
Ford Mctor Creat					
PART F — INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or positi	ions in certain types of businesse	s]		
BUSINESS NAME OF	SENTITY # 1	FITY # 1 BUSINESS ENTITY # 2		BUSINESS ENTITY # 3	
BUSINESS ENTITY ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS					
ACTIVITY POSITION HELD	- (d), c = - =				
WITH ENTITY					
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F		D ON A SEPARATE SHE	ET, PLE		
SIGNATURE (required):	Rano -	DATE S	IGNED (r	required):	
	FILING IN	STRUCTIONS:			
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.	WHERE TO FIL If you were mailed on Ethics or a Con	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		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 employ-	
NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a	of Elections of the nently reside. (If yo in Florida, file with where your agency	tocal officers/employees file with the Supervisor of Elections of the county in which they perma- ently reside. (If you do not permanently reside a Florida, file with the Supervisor of the county where your agency has its headquarters.) State officers or specified state employees le with the Commission on Ethics, P.O. Drawer 5709, Tallahassee, FL 32317-5709. Candidates file this form together with their ualifying papers. To determine what category your position		Appointees who must be confirmed by nate must file prior to confirmation, even is less than 30 days from the date of ppointment. dates for publicly-elected local office file at the same time they file their	
calendar or fiscal year is not required to file a second Form 1 for the same year. However, a				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- tions.	
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		"Who Must File" Instructions	<i>Finally</i> , 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.		

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Oneline Report

Criteria: (PARCEL_ID_PUB=254322C4051810010,314323C2042910130,314323C2042910160, 314323C2042910190,314323C2042910220) ORDERED BY PARCEL_ID_PUB

		Lee County Oneline Report	
PARCEL ID	ADDRESS	OWNER	n an an an Arran an A Arran an Arran an Arr
254322C4051810010	4352 NW 27TH LN	HACKWORTH DENNIS 33 1/3 INT	+ BACK 9 ENTERPRISES L
314323C2042910130	2020 BURNT STORE RD	HACKWORTH DENNIS J	
314323C2042910160	2014 BURNT STORE RD	HACKWORTH DENNIS J	And the second se
314323C2042910190	2008 BURNT STORE RD	HACKWORTH DENNIS J	
314323C2042910220	2002 BURNT STORE RD	HACKWORTH DENNIS J	

The data available is limited to the data furnished by the county. Information Deemed Reliable But Not Guaranteed. ©Fidelity National Information Solutions(TM)

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 Constant (Constant)

FORM 1	STATEM	ENT OF	2003		
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS					
LAST NAME FIRST NAME MIDDLE NAM		OFFICE ONLY:			
ZGI BAYS	HORE DR.				
(ID Code V		
CAPE CORAL ZIP	33904 COUNTY: L	-EE	ID No.		
NAME OF AGENCY: LEE CULINTY TAIR	IST Dev. Cour	ncil	Conf. Code		
NAME OF OFFICE OR POSITION HELD OR			P. Req. Code		
		TEE	P. Req. Code		
	**THIS SECTION MUS				
THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS SECTION MUST BE COMPLETED** DISCLOSURE PERIOD: 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					
instructions for further details). PLEASE STATI	E BELOW WHETHER THIS ST				
	PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S				
RASO REALTY INC	4812 (ADE	Cural St.	PRINCIPAL BUSINESS ACTIVITY Rocal Estate Sale		
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE					
PART C REAL PROPERTY [Land, buildings owned by the reporting person] 1525 NEZBRD ST. CARE CORAL (LAND) & Gunner 4952 VICERUN St - CUPE (will) HOCH Difference HOCH Difference Di Difference Difference Difference Di Difference Differen					
4956 UNCENNES BIVE. CAPE (dra 21/2 OWNELD hip 261 BCYShar Dr. CAPE Cond - PRIMARY RES INSTRUCTIONS on who must file on page 3.					
Haia NW 26 to St. CAPE Grain - PRIMARY RES on page 3. Haia SE 19th Pl. + 1-H CAPE Grain Condo OTHER FORMS you may need to Haia NW 26 to St. CAPE Grain (LAND) Hadward file are described on page 6.					

CE FORM 1 - Eff. 1/2004 (Continued on reverse side)

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
IRA	CÍAI	Smith Banul			
	- Ctriv	Griterie Duciter			
		<u></u>			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ł	ADDRESS OF CRE	DITOR		
Countripuide	P.O. B	ox 660694 - Dalla	s, Iexas 15266		
Chase	P.O.B	P.O. Box 900 1871 Forwalle KT. 40290			
Wells Fauge	POB	PC Box 30147 Jampa FL 33630			
Flagptan	5151 (SISI Corporate DI. July MI 48098 2639			
Ford Motor Clecki		V Q			
PART F - INTERESTS IN SPECIFIED BUSINESSI	ES [Ownership or posit	ions in certain types of businesses]			
	S ENTITY # 1	BUSINESS ENTITY # 2	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					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
	Raze		required): 6 1 104		
FILING INSTRUCTIONS:					

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2004 JUN - 2 PN 2: 19

Oneline Report

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Lee County Oneline Report				
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314323C2042910220	2002 BURNT STORE RD	HACKWORTH DENNIS J		

The data available is limited to the data furnished by the county.

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Vacent Kand 3 interest in each parcel SUPERVISION OF LEADERING