

JUL 26 2004 1:37pm

**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 :

TATE GLORIA RASC

MAILING ADDRESS :

261 Bayshore Dr.

CITY : ZIP : COUNTY :

CAPE CORAL 33904 LEE

NAME OF AGENCY :

CITY CAPE CORAL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Councilmember

CHECK IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED  
2004 JUL 29 11:16  
SUPERVISOR

PDF 2003

**\*\*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
Real Estate Sales RASC Realty	4812 CAPE CORAL ST. CC	Real estate sales

**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

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

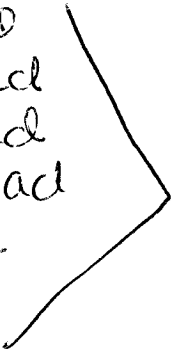
261 Bayshore Dr. Cape Coral
4213 SE 19th Pl. Apt 1-H
4952 Viceroy St
4956 Vincennes St 1/3 ownership
4212 NW 26th St. 1/2 ownership

**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.

1975 NE 23<sup>rd</sup> St.  $\frac{1}{2}$  ownership  
2030 Burnt Store Road  
2014 Burnt Store Road  
2008 Burnt Store Road  
2003 Burnt Store Road  
2005 NW 3<sup>rd</sup> Place  
2007 NW 3<sup>rd</sup> Place



$\frac{1}{3}$  ownership

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	Charles Schwab

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase Mortgage	
Wells Fargo	
Countywide	
Ford Motor Credit	

**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			
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):

*Jose Razo Lake*

DATE SIGNED (required):

7/28/04

**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.

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME:

TATE - GLORIA RASO

MAILING ADDRESS:

261 Bayshore Dr.

CAPE CORAL 33904 LEE

CITY: ZIP: COUNTY:

CITY OF CAPE CORAL

NAME OF AGENCY:

CITY COUNCIL MEMBER

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

SUPERVISOR OF ELECTIONS

2003 JUN - 2 PM 2:

RECEIVED

**\*\*THIS SECTION MUST BE COMPLETED\*\***

DISCLOSURE PERIOD:

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DECEMBER 31, 2003 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

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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
REAL ESTATE SALES	RASO Realty 4812 Cape Coral St.	Real Estate Sales

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

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

1525 NE 23rd St. CAPE CORAL (land) 1/2 owner
4952 Viceroy St. Cape Coral, FL. Duplex
4956 Vincennes St. 1/3 ownership Cape Coral
261 Bayshore Dr. Cape Coral - primary residence
4213 SE 19th Pl. #114 CAPE CORAL Condo
4212 NW 26th Street Cape Coral land 1/4 owner

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**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
IRA	SMITH BARNEY - NATIONWIDE

**PART E — LIABILITIES** [Major debts]  
NAME OF CREDITOR

ADDRESS OF CREDITOR

Countrywide Chase	P.O. Box 660694 - Dallas Texas 75266
Wells Fargo	P.O. Box 9001871 Louisville KT. 40290
Flagstar Mortgage	P.O. Box 30147 - TAMPA FL 33630
Ford Motor Credit	

**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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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):

*John Raso Date*

DATE SIGNED (required):

6/1/04

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

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*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.

# Online Report

Criteria: (PARCEL\_ID\_PUB=254322C4051810010,314323C2042910130,314323C2042910160,314323C2042910190,314323C2042910220) ORDERED BY PARCEL ID PUB

## Lee County Online Report

PARCEL ID	ADDRESS	OWNER
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
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)

*Vacant Land 1/3 interest in each parcel*

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 2004 JUN - 2 PM 2:19  
 SUPERVISOR OF ELECTIONS

**FORM 1**

**STATEMENT OF**

**2003**

**FINANCIAL INTERESTS**

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

LAST NAME -- FIRST NAME -- MIDDLE NAME:  
**TATE GLORIA RASO**

MAILING ADDRESS:  
**261 BAYSHORE DR.**

**C**

CITY: **CAPE CORAL** ZIP: **33904** COUNTY: **LEE**

NAME OF AGENCY:  
**LEE COUNTY TOURIST DEV. Council**

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
**BOARD member**

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

**RECEIVED**  
 SUPERVISOR OF ELECTIONS  
 2004 JUN -2 PM 2:19

CHECK IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**\*\*THIS SECTION MUST BE COMPLETED\*\***

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**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
RASO REALTY INC	4812 Cape Coral St.	Real Estate Sales

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

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

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4952 Viceroy St. Cape Coral } DUPEX

4956 Vincennes Blvd. Cape Coral } 1/2 ownership

261 Bayshore Dr. Cape Coral - PRIMARY RES

4213 SE 19th Pl. # 1-H CAPE CORAL condo

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TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	Chi Smith Barney

PART E — LIABILITIES [Major debts]  
NAME OF CREDITOR

ADDRESS OF CREDITOR

Countrywide	P.O. Box 660694 - Dallas, Texas 75266
Chase	P.O. Box 9001871 Louisville, KY 40290
Wells Fargo	PO Box 30147 Tampa FL 33630
Flagstar	5151 Corporate Dr. Troy MI 48068-2639
Ford Motor Credit	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

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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):

*Joe Raxdek*

DATE SIGNED (required):

6/1/04

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

*Vacant Land 1/3 interest in each parcel*

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SUPERVISOR OF SOLUTIONS