

FORM 1

STATEMENT OF

2004

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

82-001649

MAILING: TATE, GLORIA JEAN
261 BAY SHORE DR
CAPE CORAL FL 33904

CITY: _____

NAME OF AGENCY: City of Cape Coral / metropolitan planning org Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT: city council board member

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Cont. Code

P. Req. Code

RECEIVED
 2005 MAY 27 PM 4:37
 SUPERVISOR OF REGISTRATION

****BOTH PARTS OF 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, 2004 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	Raso Realty, Inc 4812 Cape Coral St Cape Coral FL	

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. Primary Residence
510 NW 1st Ave 1/2 ownership
4956 Vincennes St Cape Coral 1/3 ownership
4952 Vicory St
4213 SE 19th St I-H Cape Coral FL

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.

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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Riverside Wealth Management

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Wells Fargo

Flagstar

Chase

Countrywide

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):

Jonas J. Dale

DATE SIGNED (required):

5/21/05

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; 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.

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.

Online Report

Criteria: (PARCEL_ID_PUB=314323C2042910010,314323C2042910030,314323C2042910070,
314323C2042910130,314323C2042910160,314323C2042910190,314323C2042910220) ORDERED BY
PARCEL_ID_PUB

Lee County Online Report

PARCEL ID	ADDRESS	OWNER	BLDG SQ	TOTAL VALUE
314323C2042910010	2001 NW 32ND PL	HACKWORTH DENNIS	0	\$18,500
314323C2042910030	2005 NW 32ND PL	HACKWORTH DENNIS	0	\$18,500
314323C2042910070	2017 NW 32ND PL	HACKWORTH DENNIS	0	\$55,500
314323C2042910130	2020 BURNT STORE RD N	HACKWORTH DENNIS J	0	\$24,790
314323C2042910160	2014 BURNT STORE RD N	HACKWORTH DENNIS J	0	\$25,350
314323C2042910190	2008 BURNT STORE RD N	HACKWORTH DENNIS J	0	\$21,280
314323C2042910220	2002 BURNT STORE RD N	HACKWORTH DENNIS J	0	\$25,350

1/3
Sunell
Ship

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

**SHARON L. HARRINGTON
SUPERVISOR OF ELECTIONS
LEE COUNTY - FLORIDA**

COPY

<u>PHYSICAL ADDRESS</u>	<u>MAILING ADDRESS</u> please send all correspondence to this address
LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 RD FLOOR FORT MYERS FL 33901	P O BOX 2545 FORT MYERS FL 33902-2545
MAIN OFFICE 239-533-6304	FAX 239-533-6310

TO: Departing Local Officer 82-001649
TATE, GLORIA JEAN
FROM: Bernie Feliciano
261 BAY SHORE DR
Qualifying Officer, Lee County
CAPE CORAL FL 33904
DATE: May 20, 2005
SUBJECT: Form 1 Statement of Financial Interests for **Year Ending 12-31-2004**

We are in receipt of your **FORM 1F-FINAL Statement of Financial Interests for 2005** that **covers a portion** of your service as a local officer for the year 2005. According to the FORM 1F FINAL Statement of Financial Interest you submitted, the last date you held **public office or employment** was **in the year 2005**.

Enclosed is a **standard Form 1, Statement of Financial Interests for 2004**, to complete and return in order to ***satisfy your obligation to file*** financial disclosure for the **year 2004 (year ending 12-31-2004)**.

Persons serving as of December 31, 2004 (along with those officials elected in 2004 whose terms began in 2005) are **STILL** required to file in 2005 for the year ending 12-31-2004. **Even if you left the your position in 2005**, you are required to file disclosure for 2004 on the enclosed form.

WHEN TO FILE: On or before July 1, 2005

WHERE TO FILE: Please return the completed **ORIGINAL** form, including signature and date in the enclosed postage-paid return envelope to:

**LEE COUNTY ELECTIONS OFFICE
P O BOX 2545, FORT MYERS FL 33902-2545**

**THE ROLE OF THE SUPERVISOR OF ELECTIONS IS TO RECEIVE AND MAINTAIN THE
FINANCIAL DISCLOSURE FORM AS PUBLIC RECORD**

***Please do not file the form with the Florida Commission on Ethics in
Tallahassee***

QUESTIONS?:

HOW DO I COMPLETE THE FORM? Instructions for completing this form are included in this mailing. **Any questions regarding the instructions or the form should be directed to the office of the Florida Commission on Ethics at 1-850-488-7864.**

IMPORTANT NOTE:

Persons who fail to file the annual disclosure form by September 1st are subject to automatic fines of \$25.00 for each late day up to \$1,500.

Thank you for your cooperation and prompt attention to this matter.

Enclosures: Form 1 Statement of Financial Interests 2004
 Postage Paid Return Envelope