

FORM 1

STATEMENT OF

2004 2003

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

EILF MARY ELIZABETH G.

MAILING ADDRESS:

2321 NARCISSUS CT.

LeHigh Acres, FL 33972 Lee

CITY: ZIP: COUNTY:

NAME OF AGENCY:

LeHigh Acres Planning Corp.

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
 2004 JAN -3 AM 10:56
 SUPERVISOR OF EDUCATIONS

CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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: 2004

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
LeHigh Community Services	9 Betty Stacey Blvd. Ste 206 LeHigh Acres, FL 33936	Social Service

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
N/A			

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

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

N/A

RECEIVED
 2005 JAN -3 AM 10:56
 SUPERVISOR OF ELECTIONS

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

EMC - Mortgage
CCC -

P.O. Box 141358 Irving, Texas 75014-1358
12811 Kenwood Lane Ste 111 Ft. Myers, FL 33907

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	N/A		
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):

Mary Elizabeth Eild

DATE SIGNED (required):

12/28/04

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.

2004
2003

FORM 1

STATEMENT OF

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME:
ELF MARY ELIZABETH

FOR OFFICE USE ONLY:

MAILING ADDRESS:
2321 NARCISSUS CT.

LeHigh Acres, FL 33972 Lee

CITY: ZIP: COUNTY:

NAME OF AGENCY:
LeHigh Acres Community Planning Corp.

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
BOARD MEMBER

CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

ID Code
ID No.
Conf. Code
P. Req. Code

RECEIVED
SUPERVISOR OF ELECTIONS
2004 DEC - 9
PDF 2003

"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
LeHigh Community Services	9 BETH STACEY ST. 206 LeHigh Acres, FL 33936	SOCIAL SERVICE

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
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PART C -- REAL PROPERTY (Land, buildings owned by the reporting person)	
CONDO -	2321 NARCISSUS CT.
	LeHigh Acres, FL 33972

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TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E -- LIABILITIES (Major debts)	
NAME OF CREDITOR	ADDRESS OF CREDITOR
FMC - Mortgage	12811 Reswood Lane Suite 111
CCC - Credit Counseling Service	34 Myers, 7th 33907
	PO Box 141358
	Irving, Texas 75014-1358

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	N/A		
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): *Mary Elizabeth City* DATE SIGNED (required): 12/7/04

FILING INSTRUCTIONS:

WHAT TO FILE:

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WHEN TO FILE:

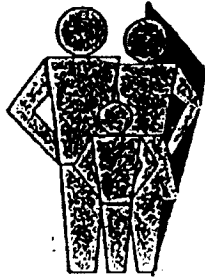
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LEHIGH COMMUNITY SERVICES, INC.



"PEOPLE HELPING PEOPLE"

FAX TRANSMISSION

DATE: 12/7/04

PAGES: 2

TO: ATTN: Bernie

NAME:

COMPANY: Lee County Supervisor
of Elections

FAX NUMBER:

FROM:
NAME: LIZ EILF, EXEC.
DIR.

COMPANY: LEHIGH
COMMUNITY SERVICES

FAX: 239-368-4242

TEL: 239-369-5818

THE Following is THE
APPLICATION FOR
LIZ EILF
LEHIGH ACRES COMMUNITY
PLANNING CORP.

339-6312

339-6300

Thanks,
L3