FORM 1		STATEME	NT OF		2004				
Please print or type your name, mailing address, agency name, and position below		FINANCIAL I	NTERES	STS	ſ				
MAILING ADDRESS :	Eck	ler	-	FOR OFFI USE ONL		S			
9650 Spring Ridge Circle					I ID C	ode			
					a the second	* * * * * * * * * * * * * * * * * * *			
Estero Estero	ZIP :	FI COUNTY: 33	928		IDN	o. 4 7			
NAME OF AGENCY: Lee County Schools	5 - 1	Tanglewood River	side		Cont	Code 9			
NAME OF OFFICE OR POSITION HEL	OR S	OUGHT:			P. R	eq. Code			
CHECK ONLY IF CANDIDATE	OR	■ NEW EMPLOYEE OR APPO	DINTEE						
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 INC	COME				05/	COURTION OF THE COURGE			
NAME OF SOURCE SOURCE'S ADDRESS				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
Lee County Schools	Lee County Schools 1620 Manchester Blvd.				Floministrator				
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, and E OF MAJOR SOURCES BUSINESS' INCOME	other sources of inc ADDRESS OF SOURCE	s	usiness	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NA									
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					FILING INSTRUCTIONS for when and where to file this form are locat-				
Residents: 9650 Spring Ridge Cie.					INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
					отні	ER FORMS you may need to			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
NA				_				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR						
Country wide 1	Jorgage							
	3 0	<u></u>						
			· · · · · · · · · · · · · · · · · · ·	<u> </u>				
		· · · · ·						
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	-		·- <u>-</u>		· · · · · · · · · · · · · · · · · · ·			
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):		lams	- Mai	IGNED (required	d): 005			
FILING INSTRUCTIONS:								
WHAT TO FILE:	WHER	E TO FILE	:	WHEN 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; 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 fails 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 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.