F					
FORM 1 F FINAL STATEMENT OF RENAL 2005					
FINANCIAL INTERESTS					
(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)					
LAST NAME FIRST NAME MID		NAME OF REPO	RTING PERSON'S	AGENCY:	
ARNOLD DER	ORAH J.	MATLAC	HA - Pin	re Island fire	
MAILING ADDRESS:				G (see "Who Must File" on page 3):	
Food Jeli		🗴 LOCAL OFFICER 🔲 STATE OFFICER			
AT JAMES NITULEE SPECIFIED STATE EMPLOYEE FIRS					
CITY: ZIP:	33956 COUNTY		<u> </u>	Island FIRE Contry	
· · · · · · · · · · · · · · · · · · ·		Intraca Calca	IN FINC	DISTRICT	
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED***					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2005 AND THE LAST DATE I HELD THE PUBLIC					
OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 31.1.3.5. (Date must be prior to 12/31/05)					
MANNER OF CALCULATING RI					
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):					
	CENTAGE) THRESHOLDS			UE THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE					
OF INCOME ADDF		ADDRESS	ESS PRINCIPAL BUSINESS ACTIVITY		
PINEISIANA REG	ery P.O. Box	601 51, James		Computers	
		911	Hand -	COMMISSIONS	
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			in the		
		E a			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, a businesses owned by reporting person]					
NAME OF	NAME OF MAJOR SOU		RESS	PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCO		DURCE	ACTIVITY OF SOURCE	
	NIA /	<u> </u>			
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PART C REAL PROPERTY [Land, buildings owned by the reporting person]				NG INSTRUCTIONS for when where to file this form are locat-	
			ed at	the bottom of page 2.	
NON			INSTRUCTIONS on who must file this form and how to fill it out begin		
				age 3 of this packet.	
				IER FORMS you may need to re described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto TYPE OF INTANGIBLE	cks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
RETIREMENT IRA	NONE - PERSONAL				
401 K, 457 ALCOUTS					
,					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR				
NONE					
PART F — INTERESTS IN SPECIFIED BUSINESSES BUSINESS ENTITY #					
	#1 BUSINESS ENTITY #2 BUSINESS ENTITY #3				
ADDRESS OF BUSINESS ENTITY RAB Schoole (1	-n. St. James (14, 6633956				
PRINCIPAL BUSINESS REALESTATES					
WITH ENTITY PRESIDENT					
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: Debaahg. acu	AL DATE SIGNED: 9/19/05				
FILING INSTRUCTIONS:					
After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only the first sheet for filing (you need not return any of the instruction pages). In Florida, where you	<b>TO FILE:</b> <i>officers:</i> file with the Supervisor of of the county in which you perma- ide. (If you do not permanently reside , file with the Supervisor of the county ur agency has its headquarters.) <i>officers</i> or specified state employ-				

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless you take another position within the 60-day period that requires you to file financial disclosure on Form 1 or Form 6.

ees: file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Sutie 201, Tallahassee, FL 32312.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

of your term of office or employment. You will be required to file Form 1 for 2004 by July 1 of 2005.