2004

FORM 1	STATEMENT OF	2003			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS	S			
MAILING ADDRESS ORTH	ANENUIT 33972 LE MUNITY TIANNING CORP SECRETARY	· · · - · -			
	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: WANNER 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 INCO	ME [Major sources of income to the reporting person] SOURCE'S	. DESCRIPTION OF THE SOURCE'S			
OF INCOME	ADDRESS	PRINCIPAL BUSINESS ACTIVITY			
JOGAL SECURITY PENSION-ALLEG	HENY STEEL BRACKENRIDGE,	PA STEEL PRODUCTIO			
	COME [Major customers, clients, and other sources of income to AME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for whe					
669 NORTH A 2253 1/TH PLAC	VENUE, LEHIGH ACRES, FL	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				
W 0 10	12			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR			
CHASE HOME FINANCE	E CHARTCACE			
	3 2			
WASHINGTON MUTUAL	Challe Guell			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]				
PART F — INTERESTS IN SPECIFIED BUSINESSES (I				
NAME OF	MIT # 1			
BUSINESS ENTITY ADDRESS OF				
BUSINESS ENTITY PRINCIPAL BUSINESS				
ACTIVITY / POSITION HELD	\/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
WITH ENTITY LOWN MORE THAN A 5%	V			
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): Lanc W. Cellon DATE SIGNED (required): DATE SIGNED (required):				
FILING INSTRUCTIONS:				
WHAT TO FILE:	WHERE 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.

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.

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.

FORM 1		STATEMENT OF		20	2003	
Please print or type your name, mailing address, agency name, and position below		FINANCIAL INTERES	STS			
LAST NAME FIRST NAME MIDDLE MAILING ADDRESS: GO 9 NORTH	166		FOR OFFIC USE ONLY	_	2004 SUPEI	
LEHIGH ACRE			ID Code			
B.P.A.C. & LEHI		ID No.				
NAME OF AGENCY: SECRETARY NAME OF OFFICE OR POSITION HELD OR SOUGHT:						
NAME OF OFFICE OR POSITION HELD OR SOUGHT: P. Req. Code CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE PDF 2003						
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COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S						
NAME OF SOURCE OF INCOME		ADDRESS		PRINCIPAL E	BUSINESS ACTIVITY	
SOCIAL SECURITY		Augusta		<u> </u>	PROPERNMENT	
PENSION		PURE P. ROMUGHRIDGE		STEEL PRODUCTION		
		RIVER RD. BRACKENRIDGE	-, 177			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	OME [Major customers, clients, and other sources of IE OF MAJOR SOURCES ADDREST OF SOL	ESS	į F	by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
				EN INC INC	TRUCTIONS	
PART C REAL PROPERTY [Land,	building	s owned by the reporting person]		and where to be at the bottom instruction this form and on page 3. OTHER FOI	ONS on who must file how to fill it out begin	
					bed on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	cks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
	ONE			
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PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] BUSINESS ENTITY # 1 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	NE			
NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required): Willard W Sakon DATE SIGNED (required): DATE SIGNED (required): DATE SIGNED (required):				
FILING INSTRUCTIONS:				

WHAT TO FILE:

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