FORM 1		2005						
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	NTERESTS		5,5 6°.				
LAST NAME FIRST NAME MIDDLE NA BANKS FORCES T MAILING ADDRESS: 123 4 5 3	Mhalana Lh	FOR OFI USE ON		06JUN16				
Fy Myers 33	90/ Lee		ID Code	PM0748 SDE Lee Co F				
FM Clanning 13	county:		ID No.	9) 1300				
NAME OF OFFICE OR POSITION HELD OF	R SOUGHT:		Conf. C	pant				
Appointer			/	Code				
CHECK ONLY IF CANDIDATE OR	NEW EMPLOYEE OR APPO	INTEE						
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, 2005 OR SPECIFY TAX YEAR IP OTHER THAN THE CALENDAR YEAR: 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 EXTHER CHECKING): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS								
PART A PRIMARY SOURCES OF INCOM NAME OF SOURCE	i's ,	DESCRIPTION OF THE SOURCE'S						
Johnson Fnainein	ADDRES	Treez	PRINCIPAL BUSINESS ACTIVITY E 1914 PROCESS					
Land Solo			- Aliteration					
	COME [Major customers, clients, and ME OF MAJOR SOURCES OF BUSINESS' INCOME	other sources of income to ADDRESS OF SOURCE	businesses	owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
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.					
3 Lots in N. Cape Corol			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.					
				OTHER FORMS you may need to				

PART D — INTANGIBLE PERSO TYPE OF INTANGI	NAL PROPERTY [Stock	s, bonds, certificate	es of deposit, etc BUSINESS EN	.] FITY TO WHICH THE	PROPERTY RELAT	ES		
Suck		370 4% 01	Johns	<i>/</i> - ·				
Stocks		Nyland	Gus	•				
COS		Vollags be	ruks		, ,			
				· •				
·				War Sugar				
			•	* **		·		
PART E — LIABILITIES [Major d NAME OF CRED			ADDRESS OF CRE	DITOR				
			· <u>·</u>			•		
				•	·	· · · · · · · · · · · · · · · · · · ·		
PART F — INTERESTS IN SPECIF	FIED BUSINESSES [Ow	nership or positions	in certain types	of businesses]				
NAME OF	BUSINESS ENTIT	ΓY#1	BUSINESS	SENTITY#2	BUSINESS	S ENTITY # 3		
BUSINESS ENTITY	Johnson E	195						
ADDRESS OF BUSINESS ENTITY	2158 Johnson	Spear						
PRINCIPAL BUSINESS ACTIVITY	Edución,					·		
POSITION HELD WITH ENTITY	employer							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No							
NATURE OF MY OWNERSHIP INTEREST	Stock							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required)	ufall	7		DATE SIGNED (I	required): 200	6 m		
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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

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.

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