FORM 1	STA	TEMENT OF		2005			
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS							
LAST NAME FIRST NAME MIDDI BARTON MAILING ADDRESS :	LE NAME : CAN LO	A	FOR OFFIC USE ONLY:				
2534 NE	gr ave	stel		ID Code			
Cape Ceral	ZIP: C	<u>33909</u> OUNTY:					
NAME OF AGENCY: Leg_ Greatly W NAME OF OFFICE OR POSITION HE	Justial J	Dav'. Quilt	V	Contract Tot 18			
NAME OF OFFICE OR POSITION HE	d Hank	لاج		P. Req. Code			
CHECK ONLY IF	OR 📋 NEW EMPL	OYEE OR APPOINTEE					
**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 IF 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 FITHER (check one):							
COMPARATIVE (PERCENTAGE) THRESHOLDS OR IZ DOLLAR VALUE THRESHOLDS   PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]							
NAME OF SOURCE OF INCOME	<u>.</u>	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Natt Cape Ind that	<u>ris 2534, 1</u>	$\mu \in q^{\text{re}}$ (be c	CA	nd bard Dev.			
Gulace ( Cresh	Le il	¢ i	J.	nduction basing			
NAME OF	NAME OF MAJOR SOL	JRCES i ADDRI		inesses owned by the reporting person] PRINCIPAL BUSINESS			
	OF BUSINESS' INCO	DME OF SOL	JRCE	ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, b		LING INSTRUCTIONS for when					
3 preshicater con		nd where to file this form are locat- d at the bottom of page 2.					
Vacant Land a	thi	STRUCTIONS on who must file his form and how to fill it out begin n page 3.					
	Γ	· · · · · · · · · · · · · · · · · · ·		THER FORMS you may need to le 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						
TTPE OF INTAING						
Repard D			<u> </u>			
		- <u></u>				
		<u></u>				
· · · · · · · · · · · · · · · · · · ·						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
Bussey Barle H.		home mortgage stine quedit				
			5 1	0		
		· · · · · · · · · · · · · · · · · · ·				
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [Ov	wnership or positi	ons in certain types of businesses]			
	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	hone					
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS		·····				
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): 52306						
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.