					 			
FORM 1	STATEMENT OF				F		2003	
Please print or type your name, mailing address, agency name, and position below	v:	FINA	ANCIAL	INTE	RESTS	S		
LAST NAME FIRST NAME MIDDLI Beaumont, Jo Ann	E NAME	:			FOR O USE O			
MAILING ADDRESS :					-	/Λ	10h 2 /2	
2193 Delta Street							VV S S	
						TID C	ode = Ti	
CITY:	ZIP		COUNTY:			ID N	do Sala	
Fort Myers, FL 33907 Lee							· washing of the	
NAME OF AGENCY:						Con	f. Code	
Lee County Supervisor of Elections NAME OF OFFICE OR POSITION HELD OR SOUGHT:						PR	leq. Code	
Executive Administrative Assistant								
CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE								
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 QR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 2004 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 PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE OF INCOME ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Lee County Elections 2480 Thompson St. Ft Myers government								
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME			, AI	es of income to DDRESS SOURCE	business	ses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/A								
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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.		

N/A

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							
N/A							
	***************************************			11 PP			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
N/A							
		_					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENT	ITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	N/A						
ADDRESS OF BUSINESS ENTITY							
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): Jo San Blaumon DATE SIGNED (required): 6-25-04							
FILING INSTRUCTIONS:							
WHAT TO FILE:	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.

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.