FORM 1	STATE	MENT OF	2004					
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS								
I MAILING ADDRESS:	-d Joseph	USE	OFFICE ONLY:					
7820 Reflection	78 ZO Reflecting Pond court #1311							
FT. Myers CITY: BOLL	MAY 2 3 2005 SUPERVISOR							
NAME OF AGENCY :			ELECTIONS ELECTIONS					
NAME OF OFFICE OR POSITION HELD OR SOUGHT: P. Req. Code								
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE								
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT BEEL ECTS YOUR FINANCIAL INTERESTS FOR THE RESCENING TAX YEAR AMERICAN AND AN ARREST FOR THE RESCENING TAX YEAR AMERICAN AND AN ARREST FOR THE RESCENING TAX YEAR AMERICAN AND AN ARREST FOR THE RESCENING TAX YEAR AMERICAN AND AN ARREST FOR THE RESCENING TAX YEAR AMERICAN AND AN ARREST FOR THE RESCENING TAX YEAR AMERICAN AND AN ARREST FOR THE RESCENING TAX YEAR AMERICAN AND AN ARREST FOR THE RESCENING TAX YEAR AMERICAN AND ARREST FOR THE RESCENING TAX YEAR AMERICAN AND AN ARREST FOR THE RESCENING TAX YEAR AND AN ARREST FOR THE RESCENING TAX YEAR AND AND ARREST FOR THE RESCENING TAX YEAR AND AND ARREST FOR THE RESCENING TAX YEAR AND ARREST FOR THE PROPERTY FOR THE PR								
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, 2004 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:								
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		OR S	DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	ı	o the reporting person] DURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
Lee COUNTY	1500 monrue		COUNTY GOVT.					
		3390/						
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS								
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE					
NONE								
PART C REAL PROPERTY [Land, b		•	FILING INSTRUCTIONS for when and where to file this form are locat-					
13 811 Le He mologeny	Blud. # 3913 , FT. m	nyers 33907	ed 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 PERSO TYPE OF INTANGI		ks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHICH	THE PROPERTY RELATES		
NONE						
			·			
, All Control of the						
<u> </u>						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
country wide mortage		6366	13550 Reflect	IONS PRWY, FT, myen		
		6360- 13550 Reflections PKWY, FT, myens 33907				
PART F — INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or positi				
NAME OF	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2	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						
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required): 5-23-05						
FILING INSTRUCTIONS:						
WHAT TO FILE:	WHERE TO FILE: WHEN TO FILE:					

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.

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; 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.

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.