FORM 1	FORM 1 STATEMENT OF					
Please print or type your name, mailing address, agency name, and position below	" FINANCIA	L INTERESTS				
LAST NAME - FIRST NAME - MIDDL BIETMA AI MAILING ADDRESS: 1110 RUSHMA	155a J.	FOR OF USE ON		ODERECTE WE DO NOT THE PARTY OF		
CITY: LEMY ACTO NAME OF AGENCY:	zip: county: CS 33931c	Lee	OTT	SUPLE		
NAME OF OFFICE OR POSITION AFT	· · · · ·			eq. Code		
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE O	RAPPOINTEE		PDF 2004		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BEI DECEMBER 31, 2004 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	FINANCIAL INTERESTS FOR THE LOW WHETHER THIS STATEMEN SPECTOR SPECTOR STATEMENT STATEMENT SPECTOR STATEMENT STATEMENT SPECTOR USING REING OR USING COMPARATIVE THE	IT IS FOR THE PRECEDING TAX YEAR IF OTHER THAN T PORTING THRESHOLDS THAT A RESHOLDS, WHICH ARE USUALL	HER BAS YEAR EN THE CALL THE ABS LY BASE	DING EITHER (check one): ENDAR YEAR: OLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see		
COMPARATIVE (PERCENTAGE		ਜ਼ਿਕ	•	VALUE THRESHOLDS		
PART A PRIMARY SOURCES OF II NAME OF SOURCE OF INCOME	S	to the reporting person] SOURCE'S ADDRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
Consavancy of sul	FL 1450 Merrikus	Dr. Naples FL 34103	7 Ec	wirenmental Advocac		
Ritz Camarka	Napies, FL	3A102	Coun	era d Equip. Sale		
PART B SECONDARY SOURCES O NAME OF BUSINESS ENTITY	DF INCOME [Major customers, clien NAME OF MAJOR SOURCES OF BUSINESS' INCOME	nts, and other sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NONE						
PART C - REAL PROPERTY [Land, I	buildings owned by the reporting pe	erson]	and w	IG INSTRUCTIONS for when here to file this form are locat- the bottom of page 2.		
ITUNE				RUCTIONS on who must file orm and how to fill it out begin ge 3.		
			OTHI	ER FORMS you may need to e described on page 6.		

PART D — INTANGIBLE PERSO TYPE OF INTANGI	NAL PROPERTY [Stock	ks, bonds, certifica	certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
NONE						
X 3.00 L						
\sim						
) (#					
PART E LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
NONE						
	-					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	NONE					
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): Aussabier ma DATE SIGNED (required): 8/30/05						
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.

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.