FORM 1	STATEME	NT OF	2005		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	NTERESTS			
HAST NAME FIRST NAME MIDDLE N BY COUNTY DOWN MAILING ADDRESS: Z16-CE Pout 4 voice	d Alan	FOR OFF USE ONL		06MAY19m0	
	ZIP: COUNTY: 33128 LG	<u> </u>	ID No. D L Conf. Code P. Req. Code	 1305 035 035 04 04 05 05 04 05 05 05 05 05 05 05 05 05 05 05 05 05	
CHECK ONLY IF CANDIDATE OF	R NEW EMPLOYEE OR APPO			- - - 2005	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN A FISCAL YEAR. PLEASE STATE BELOV DECEMBER 31, 2005 MANNER OF CALCULATING REPORTABE THE LEGISLATURE ALLOWS FILERS TREQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE) TO	V WHETHER THIS STATEMENT IS FO OR SPECIFY TA: BLE INTERESTS: THE OPTION OF USING REPORTINE R USING COMPARATIVE THRESHOLE TATE BELOW WHETHER THIS STATE	CEDING TAX YEAR, WHETHE DR THE PRECEDING TAX YE IX YEAR IF OTHER THAN THE NG THRESHOLDS THAT AR LDS, WHICH ARE USUALLY EMENT REFLECTS EITHER	IER BASED ON A CALENDAR YEAR OF EAR ENDING EITHER (check one): HE CALENDAR YEAR: RE ABSOLUTE DOLLAR VALUES, W. Y BASED ON PERCENTAGE VALUES	 /HICH	
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME		reporting person] E'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	_	
Meritage Homes 12631 westlinks Dr,#7 F1					
PART B SECONDARY SOURCES OF II NAME OF BUSINESS ENTITY	NCOME [Major customers, clients, and NAME OF MAJOR SOURCES OF BUSINESS' INCOME	d other sources of income to b ADDRESS OF SOURCE	businesses owned by the reporting person PRINCIPAL BUSINESS ACTIVITY OF SOURCE	s	
N/A					
		West the second			
PART C REAL PROPERTY [Land, build			FILING INSTRUCTIONS for and where to file this form are lo ed at the bottom of page 2.		
			INSTRUCTIONS on who must this form and how to fill it out be on page 3.		
			OTHER FORMS you may need file are described on page 6.	d to	

PART D — INTANGIBLE PERSO TYPE OF INTANGII		ks, bonds, certifi	cates of deposit, etc.] BUSINESS ENTITY TO WHICH TI	HE PROPERTY RELATES		
Vanguard		2/				
USAA		,				
New Horizon	L					
PART E — LIABILITIES (Major d NAME OF CREDI	ebts] ITOR		ADDRESS OF CF	REDITOR		
USAA Federal	Savings	10750	McDermott Fwo	y, San Autonio, TX		
CMovtaa	ر ۱۰ ا		•	\		
J,	J					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTI	TY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY	2	7A				
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): 5/11/06						
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.