FORM 1		STATEMENT OF				2003	
Please print or type your name, mailing address, agency name, and position beli	ow:	FINANCIAL	INTERE	STS		-2 4	
LAST NAME FIRST NAME MIDDE NAME ADDRESS: 14 400 Cen Ft. Mys/4 CITY: Scuttweif Fieric NAME OF AGENCY: Executive Div NAME OF OFFICE OR POSITION HE CHECK IF CANDIDATE OR	ZIP LD OR S	1 Janny 135 Lee COUNTY: Registed Phinning	Cenzen	FOR OFFI	Y: ID C	SUPERALOR 29 Code Gode Gode	
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, 2003 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 EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF I		[Major sources of income to to	ne reporting person] RCE'S	ı	DE	SCRIPTION OF THE SOURCE'S	
OF INCOME SWEZPC	499 C Donline D				PRINCIPAL BUSINESS ACTIVITY		
		N. It Miera) icam i inama	
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, E OF MAJOR SOURCES F BUSINESS' INCOME	and other sources of in ADDRES OF SOUF	ss	usiness	ses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
						· ·	
PART C REAL PROPERTY [Land,	buildings Son	owned by the reporting perso	A.		and wed at INST this foon pa	ER FORMS you may need to	
						e described on page 6.	

PART D — INTANGIBLE PERSON TYPE OF INTANGIB	AL PROPERTY [Stock	ks, bonds, certifica	ates of deposit, etc.] BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES	
None					
73:10					
		<u></u>			
PART E — LIABILITIES [Major de NAME OF CREDIT			ADDRESS OF CRE	EDITOR	
Mortgage		Sum Const Schule Fed Credit			
))*			Ulinon, Tampy		
PART F — INTERESTS IN SPECIFI	ED BUSINESSES [Ov	vnership or positio	ons in certain types of businesses]		
1	BUSINESS ENTI		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):	2112		DATE SIGNED (こ)	(required):	
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.

FILING INSTRUCTION

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.

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.

RECEIVED

2004 OCT 21 PM '2: 30

SUPERVISOR OF .

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Lee County Elections Office P.O. Box 2545
Fort Myers, FL 33902-2545



Hasler

\$00.600 10/20/2004 mailed From 33917 US POSTAGE

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FORM 1	STATEME	ENT OF	2003				
Please print or type your name, mailing address, agency name, and position below	FINANCIAL I	NTERESTS					
LAST NAME - FIRST NAME - MIDDLI BURR JAV MAILING ADDRESS: 14400 Ceme	id y	FOR OFFICE USE ONLY:	O Code				
NAME OF OFFICE OR POSITION HEL	ZIP: COUNTY: LEC COUNTY: Conner! DOR SOUGHT:	c	O No. onf. Code Req. Code				
CHECK IF CANDIDATE OR	CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE						
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PART A PRIMARY SOURCES OF IN NAME OF SOURCE	COME [Major sources of income to the r	reporting person]	DESCRIPTION OF THE SOURCE'S				
OF INCOME	ADDRE Bankun D		PRINCIPAL BUSINESS ACTIVITY				
red that the meeting	e was	, lo respussion	1 Winning				
PART B SECONDARY SOURCES OF BUSINESS ENTITY	F INCOME [Major customers, clients, and NAME OF MAJOR SOURCES OF BUSINESS' INCOME	d other sources of income to busine ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
PART C REAL PROPERTY [Land, b	uildings owned by the reporting person]	and ed a	ING INSTRUCTIONS for when where to file this form are locatate the bottom of page 2. STRUCTIONS on who must file form and how to fill it out begin				
		ОТ	Page 3. HER FORMS you may need to are described on page 6.				

PART D — INTANGIBLE PERSO TYPE OF INTANGI		ks, bonds, certifica	ates of deposit, etc.] BUSINESS ENTITY TO WHICH THE	E PROPERTY RELATES	
Nem					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
Non					
PART F — INTERESTS IN SPECIF	FIED BUSINESSES [Ov	wnership or positio	ns in certain types of businesses]		
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					
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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): 8 3 c4			(required): 8 3 c4		
	FII	ING INS	STRUCTIONS		

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