FORM 1	STATEMENT OF			2004				
Please print or type your name, mailing address, agency name, and position below:		· · · · · · · · · · · · · · · · · · ·						
LAST NAME FIRST NAME MIDDLE NAME : Capito Jupan Lec Mailing address : BOGI Andigo Lay Blod.			FICE ILY:					
Jul group pug				ode				
CITY: ZIP: COUNTY: Eftern Flinda NAME OF AGENCY:			ID N	0.				
		Conf	Code					
NAME OF OFFICE OR POSITION HELD OR SOUGHT:			P. Re	eq. Code				
	PPOINTEE							
BOTH PARTS OF 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, 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) THRESHOLDS OR DOLLAR VALUE THRESHOLDS								
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S			DES	CRIPTION OF THE SOURCE'S				
OF INCOME Pringepul - Elama	ADD hod 2055 Centr	RESS	PRINCIPAL BUSINESS ACTIVITY					
	Ft. Nyers 7	la 3390,						
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	business	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
none								
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are locat-					
norl				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.				

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PART D - INTANGIBLE PERSONAL PROPERTY	/ [Stocks, bonds, certifi							
		BUSINESS E	ENTITY TO WHIC		······································			
Retirement R. I Ronsian + 403 E	3 (8	3,000>	Reesonal	Retirer	nen T And	403B Acets		
					<u> </u>	···· <u>·</u> ···· <u>···</u> ··		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR					3			
		ADDRESS OF CREDITOR Chase forme Finance, 190. Box 24096, Columbus OHio.						
(MASE BANK (Hume Moan	Smc-2	14 FINAPCO	11:0.130x	840461	Cocumon 43	224-0696		
	->		<u></u>					
		<u> </u>	<u> </u>					
					<u> </u>			
					·····			
PART F — INTERESTS IN SPECIFIED BUSINESSE	-s (Ownership or posi	tions in certain typ	es of husinesses!					
			-	,				
BUSINESS NAME OF	S ENTITY # 1	BUSINE	ESS ENTITY # 2		BUSINES	S ENTITY # 3		
BUSINESS ENTITY how	, 							
ADDRESS OF BUSINESS ENTITY			— —					
PRINCIPAL BUSINESS		+						
POSITION HELD								
WITH ENTITY						<u></u>		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST								
			<u>مانىيە بانچىسىت</u>					
IF ANY OF PARTS A THROUGH F	ARE CONTINUE	ED ON A SEP/	ARATE SHEE	T, PLEASE	E CHECK H	ERE		
SIGNATURE (required):	aputo		DATE SIC	GNED (requir	ed): 4/2	4/05		
/••			TONG.			•		
	FILING IN	STRUCI	<u>IONS:</u>					
WHAT TO FILE:	WHERE TO FIL			WHEN TO				
After completing all parts of this form, including signing and dating it, send back only the first						er/employee, state te employee must		
sheet (pages 1 and 2) for filing.	for your annual dis	for your annual disclosure filing, return the form file within 30 days of the date of his			date of his or her			
	to that location.				appointment or of the beginning of employ- ment. Appointees who must be confirmed by			
	Local officers/emp of Elections of the			the Senate r	must file prior to	confirmation, even		
	nently reside. (If yo	ou do not permar	nently reside	if that is less appointment		rom the date of their		
	in Florida, file with					vianted local office		
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a		where your agency has its headquarters.) State officers or specified state employees			<i>Candidates</i> for publicly-elected local office must file at the same time they file their			
Generally, a person who has need to the to a	State onicers or	specified state	empioyees	qualifying na		-		

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.

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.

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.