FORM 1	2004					
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS				
LAST NAME FIRST NAME MIDDLE	NAME :	FOR OF USE ON				
MAILING ADDRESS: 7307 Estero Burl						
FAMyers Beach 3393/ Lec CITY: ZIP: COUNTY: ID NO.						
NAME OF AGENCY: Local Planning Asiancy						
NAME OF OFFICE OR POSITION HELD OR SOUGHT: /						
Channen menken						
**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):						
( 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 INC NAME OF SOURCE OF INCOME	SOURC	E'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
n: nil 2	Pér feddler Inc. 100 Estero Blud FMB		FC Refail			
Local Citor FMB 1021 Estero Blud FM			Retail			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]						
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are locat- 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		Stocks bonds certifi	icates of deposit etc.)			
TYPE OF INTANG	•			ICH THE PROPERTY RELATES		
PART E — LIABILITIES [Major of NAME OF CRED		_ <u></u>	ADDRESS	OF CREDITOR		
$1/1 \mathbb{Z}_2$			7			
VN Dank	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u></u>			
	<u> </u>					
PART F — INTERESTS IN SPECI						
NAME OF	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF	Mr. Keddla		- hold win			
BUSINESS ENTITY PRINCIPAL BUSINESS	1000 (34	<u>نىا</u>	1021 Geten			
ACTIVITY POSITION HELD	Refaul	<u></u>	Ketril			
WITH ENTITY	man		owner			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		400			
NATURE OF MY OWNERSHIP INTEREST	famile	1	rétail			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required): 5/25/05						
FILING INSTRUCTIONS:						
WHAT TO FILE: WI After completing all parts of this form, including If y signing and dating it, send back only the first sheet (pages 1 and 2) for filing. for		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.		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 employ- ment. Appointees who must be confirmed by		
of ne NOTE: in		Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)		the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment. <b>Candidates</b> for publicly-elected local office must file at the same time they file their		

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.

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.