FORM 1		STATEM	ENT OF			2005	
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERE	ESTS			
LAST NAME FIRST NAME MIDDE CLEMENS ROBERT MAILING ADDRESS: 1780 Freend	G	ene		FOR OF USE ON			
1780 Emerald Cove Circle Cape Boral, FL 33991 Lee CITY: ZIP: COUNTY: Les County NAME OF AGENCY: Les County Bold NAME OF OFFICE OR POSITION HELD OR SOUGHT: Land Acquisition Mgs.					D No	Y/31PM	
CHECK ONLY IF CANDIDATE	OR	NEW EMPLOYEE OR A	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, 2005 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 INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S					DES	CRIPTION OF THE SOURCE'S	
OF INCOME Les County Bocc		PO. Box 398, FAMyon, FL 33902		902	Land Argumention for Lee County		
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, and the control of th	and other sources of ADDRI OF SOL	ESS	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
MArgaret Moorehead			17012 Terraver	de Dr.F.	M.3320	8 Sell of Land Lot	
Aul + Cardyn Sabo			2011 SE 29th/	lane, CC	3304	Sell of Land Lot	
PART C REAL PROPERTY [Land,	buildings	owned by the reporting person	n]		and wi	G INSTRUCTIONS for when here to file this form are locat-	
Home - 1780 Emerald Cove Cercle, Cope Corne, FL 33991 Lot - 1305 SW 4th Place, Cape Corne, FL 33991 Lot - 703 SW 6th Ave, Cape Corne, FL 33991						INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	
Lot - 1627 SW 64X	ve, (age Compt 339	9/		OTHE	R FORMS you may need to	

PART D — INTANGIBLE PERSONAL PROPERTY [Stock TYPE OF INTANGIBLE	ks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Savings Acct.	Surpost Schools Federal Credit Uniter				
Checking & Savings Acct	Wardovia Bank				
/					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR				
Washington Mutual Home Loans	P.O. Box 3139, Milwauker, WI 53201-3139				
Cotonial Bank N.A.	Cros Bral. FL				
,					
PART F - INTERESTS IN SPECIFIED BUSINESSES [Ov	wnership 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					
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY					
PRINCIPAL BUSINESS ACTIVITY POSITION HELD					
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%					
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				

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.

FILING INSTRUCTIONS:

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.

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