FORM 1	_	STATEME	NT OF		1VED 2003	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS						
LAST NAME - FIRST NAME - MIDDLE NAME: COOK Timothy VVQ yne MAILING ADDRESS: SUPERVISOR OF LEGISLAS						
19130 Sandy Pines Circle						
N.F. Myers, Fl. 33917 Lee						
CITY: ZIP: COUNTY: ID No.						
NAME OF AGENCY: Boyshore Fire Control Pistrict Conf. Code						
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Om w/ 55/000000000000000000000000000000000						
CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE						
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:						
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 OF INCOME ADDRESS			1	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Cook's Home Service		18130 Sandy Pines Circle		Con	Contracting	
			~			
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	OF	BUSINESS' INCOME	OF SOURC	E	ACTIVITY OF SOURCE	
						
					· ·	
PART C REAL PROPERTY [Land, buildings owned by the reporting person]				and w	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
18/30 Sandy Pines Circle, N.F. Myers, Fl. 33917 5070 - Lot at Lexington Commence Conter, Fl Myers;				INST	RUCTIONS on who must file	
FI 33905.				on pag	ge 3.	
					ER FORMS you may need to ed described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Cook's Home Service	Construction Business				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR				
Chase Mortgage	P.O. Box 78828 Phoenix Az 85062				
Bank of America	P.O.Box 78828, Phoenix, Ar 85062 P.O.Box 45224, Jacksonville, Fl. 32232 P.O.Box 11904-Tampa, Fl. 33680				
Suncoast Schools (redit Une	P.O.Box 11904-Tampa FL 33680				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
BUSINESS EN	NTITY#1 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): 5 mothy w. Coth DATE SIGNED (required): 6/7/2004					
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.

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.