FORM 1	STATEMENT C	F	2004			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTE	RESTS	RECEIVE			
LAST NAME FIRST NAME MIDDLE NAMI  Edelstein Rand  MAILING ADDRESS:  RAND Edelstein  3005 SW 26th Place  CITY:  CAPE COVAL  NAME OF AGENCY:  Alligator Point Water Re  NAME OF OFFICE OR POSITION HELD OR SE	Jr.  Jr.  Ce  COUNTY:  33914  Assources District	FOR OFF USE ONL				
**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:  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 NAME OF SOURCE OF INCOME	SOURCE'S	<u>-</u>	DESCRIPTION OF THE SOURCE'S			
Lee County	1500 Monroe Street, fort Myers, FC	33901	PRINCIPAL BUSINESS ACTIVITY  POI County Government			
	OF MAJOR SOURCES A	es of income to bu DDRESS SOURCE	usinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, buildings	owned by the reporting person]		FILING INSTRUCTIONS for when			
7 Tom Roberts Road, Alligat 3005 SW 26 Place, Cape			and where to file this form are located 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 PERSON TYPE OF INTANGIE		ks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WHICH 1	THE PROPERTY RELATES		
Merrill Lynch Cash Manage		R	AND Edelstein Jr.			
Merill Lynch Individual R	trement Account		and Edelstein In			
Merrill Lynch Individual Returnat Rollon Assort RAND Edelskin Ir.						
4.						
PART E — LIABILITIES [Major de	ebts]					
NAME OF CREDITOR		ADDRESS OF CREDITOR				
RAND Edelskin Sr. (Alligator Part Home)		5822 SW 36th Way Gainesville, FC 32608				
			<u> </u>	•		
Wells Farge (Cape Coral Home)		P.O. Box 10335, Des Moines, IA 50306-0335				
PART F — INTERESTS IN SPECIF	FIED BUSINESSES [O	wnership or positi	ions in certain types of businesses]			
	BUSINESS ENTITY # 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): DATE SIGNED (required): 6/30/05						
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; 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.