FORM 1		STATEMENT OF		2003			
Please print or type your name, mailing address, agency name, and position belo	w:]	FINANCIAL INTERE	ESTS				
LAST NAME FIRST NAME MIDDLE EDEN FIELD	- 1	JALD M	FOR OFFICE USE ONLY:				
MAILING ADDRESS: 41 00 CENTER	Po	NTE DR.	-	D Code			
SUITE 112	'	D C C C C C C C C C C C C C C C C C C C					
CITY: FORT MYERS	1	pNo.					
NAME OF AGENCY: LEE SOIL & WATER CONSERVATION DIST Conf. Code							
NAME OF OFFICE OR POSITION HELD OR SOUGHT: 5 UPGR VISOR 5 CAT #1							
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		l	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
ENVIRON MENTAL CONSULTING		4/00 CENTER POINTE DR		NUIZONMONTA -			
+ (ECANOLOS Y, INC	•	FORT MYERS 71 33912		CONSULTING			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, and other sources of MAJOR SOURCES ADDRESTINGOME OF SO	RESS	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
N/A							
				, t			
							
PART C REAL PROPERTY [Land, buildings owned by the reporting person]				LING INSTRUCTIONS for when and where to file this form are locatal at the bottom of page 2.			
1 77			th	ISTRUCTIONS on who must file is form and how to fill it out begin page 3.			
				THER FORMS you may need to le are described on page 6.			

PART D — INTANGIBLE PERSON TYPE OF INTANGIB	IAL PROPERTY [Stocks, bonds, cert	ificates of deposit, etc.] BUSINESS ENTITY TO WHICH TH	F PROPERTY RELATES		
IRA-SEP	Z	DEAN WITTER	ETTO ENTREDITE		
PART E — LIABILITIES [Major de NAME OF CREDIT	OR I	ADDRESS OF CR	EDITOR		
WELLS FARGO HOM	E Mortine				
	00				
PART F — INTERESTS IN SPECIFI	ED BUSINESSES [Ownership or pos	itions in certain types of businesses]			
NAME OF	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY		1/4			
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY		1			
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):	Ell!	DATE SIGNED	(required): 6/31/84		
FILING INSTRUCTIONS:					
WHAT TO FILE:	WHERE TO F	ILE: WH	EN TO FILE:		

WHAI IO 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.

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 posi-

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.