FORM 1		STATEMENT OF				2005		
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	<b>INTERE</b>	ESTS				
LAST NAME FIRST NAME MIDD  MAILING ADDRESS:	ha	ron Mar	re	FOR OF USE ON		·	#1730.	
17397 Lee Kd SE 3/3/5/					IDC	ode	06JUN26PM0334SDE Lee CoFI	
CITY: O 1 D ZIP: COUNTY:					,		232	
NAME OF AGENCY:					ID N	0.	Ë	
General Employee Pension Board						f. Code	(C)	
NAME OF OFFICE OR POSITION HELD OR SOUGHT:  DOARD Member - elected by mambers						eq. Code	. <del>"</del> .	
CHECK ONLY IF	OR	☐ NEW EMPLOYEE OR	APPOINTEE					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200  MANNER OF CALCULATING REPORT HE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEASE COMPARATIVE (PERCENTAGE)	R FINANCELOW WHOSE STABLE RS THE S, OR US	HETHER THIS STATEMENT I  OR SPECIF  INTERESTS: OPTION OF USING REPO SING COMPARATIVE THRES E BELOW WHETHER THIS S	PRECEDING TAX YEA IS FOR THE PRECED Y TAX YEAR IF OTHE RTING THRESHOLDS SHOLDS, WHICH ARI	R, WHETH	HER BAS YEAR EN THE CALL ARE ABS LY BASE R (check	IDING EITHER (check one):  ENDAR YEAR:  SOLUTE DOLLAR VALUES, WH D ON PERCENTAGE VALUES (	ІСН	
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME	NCOME	SOL	URCE'S	[		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
		800 Dunlop Rd Sanibal FZ 33957			Municipality			
<u> </u>						J		
			·		^			
PART B SECONDARY SOURCES  NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients E OF MAJOR SOURCES F BUSINESS' INCOME	, and other sources of ADDRI OF SOL	ESS	business	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	1]	
/								
PART C REAL PROPERTY [Land, buildings owned by the reporting person]  17397 LeeRd SE F. Myers F2 33967					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.  INSTRUCTIONS on who must file			
					on pa			
						ER FORMS you may need e described on page 6.	to	

PART D — INTANGIBLE PERSONAL PROPERTY [Stock TYPE OF INTANGIBLE	s, bonds, certificate	s of deposit, etc.] BUSINESS ENTITY TO WHICI	H THE PROPERTY RELATES						
/									
/									
		4							
	,								
7									
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF	CREDITOR						
Surroust Schools FCU Tampa FZ									
Rank of America Ft Muers F-									
		, , , ,	,						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership 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									
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): Shaumm. S. 63. DATE SIGNED (required): 6/18/06									
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.

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.

## 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.