FORM 1		STATEM	ENT OF		2004	
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERESTS			
LAST NAME - FIRST NAME MIDD	LE NAME	:	FOR O			
Gooderham, Kathryn Leigh MAILING ADDRESS :			USE OI	NLY:		
5460 Beaujolais Lane						
		COUNTY :			TILE	
CITY : Fort Myers, FL	ZIP : 339		IDN.			
NAME OF AGENCY :		19 Lee		B		
Lee County CLASAC, DAC, CAC				ednf	the the	
NAME OF OFFICE OR POSITION HELD OR SOUGHT :						
Member						
					PDF 2004	
"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): Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Comparative (PERCENTAGE) THRESHOLDS Image: Colspan="2">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): Image: Comparative (PERCENTAGE) THRESHOLDS Image: Colspan="2">Image: Comparative (PERCENTAGE) THRESHOLDS						
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]						
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY	
Gooderham & Associates, Inc.		5460 Beaujolais Lane, Fort Myers, FL 33919		Public Relations		
				1		
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE						
AmericanShore&BeachPreservat	Membe	rship	Fort Myers, FL & Washing	ton,DC	Coastal Lobbying	
Jewish Fed. of Lee & Charlotte Co	Membership		Fort Myers, FL		Programs & Information	
FL Shore & Beach Preservation	Membership & Conferences		Tallahassee, FL		Coastal Issues	
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.	
					RUCTIONS on who must file orm and how to fill it out begin ge 3.	
			- <u></u>		ER FORMS you may need to e described on page 6.	

PART D INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	[Stocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Savings/Checking/CD's/SEP	Bank of America					
Simple Plan	American Funds Service Compay					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR					
Wells Fargo Home Mortgage Inc.	P O Box 10335, Des Moines, IA 50306-0335					
PART F INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BENTITY # 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): Lathur / Codultan DATE SIGNED (required): June 22, 200						
	FILING INSTRUCTIONS:					
WHAT TO FILE:	WHERE TO FILE: WHEN TO FILE:					
After completing all parts of this form, including signing and dating it, send back only the first	If you were mailed the form by the Commission Initially, each local officer/employee, state					
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	for your annual disclosure filing, return the form file within 30 days of the date of his or her					
	to that location. appointment or of the beginning of employ- <i>Local officers/employees</i> file with the Supervisor ment. Appointees who must be confirmed by					
	of Elections of the county in which they perma- nently reside. (If you do not permanently reside					
NOTE:	in Florida, file with the Supervisor of the county					
MULTIPLE FILING UNNECESSARY:	where your agency has its headquarters.) Candidates for publicly-elected local office must file at the same time they file their					

on who t 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.

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.

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.