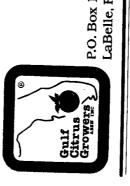
			2004		
FORM 1	STATEM	IENT OF	3015 2004		
Please print or type your name, mailing address, agency name, and position below LAST NAME - FIRST NAME - MIDDLI	E NAME :	J INTERESTS	- On all on		
HAMEL PONDLO MAILING ADDRESS: 11250 Bienvenida W	USE OI				
FT //1.4.1 3390 CITY: LEE COUNTY SMOI NAME OF AGENCY:	nittee	ID Coords RECEIVED SEP 2005			
COMMITE ME NAME OF OFFICE OR POSITION HEL CHECK ONLY IF CANDIDATE	APPOINTEE	P. R. Code SUPERVISOR OF P. R. Code ELECTIONS			
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: 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					
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	ICOME [Major sources of income to SO	the reporting person] URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
	Grovers DSSN: PO	Box 1319 Belle FL 33975	TRODE Association Poperating Regilits citrus growers		
PART B SECONDARY SOURCES O NAME OF BUSINESS ENTITY	PF INCOME [Major customers, clients NAME OF MAJOR SOURCES OF BUSINESS' INCOME	, and other sources of income to ADDRESS OF SOURCE	D businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C-REAL PROPERTY [Land, t CONSO/HOME POSIS BART Ship #	Line 11250 Bien Fl. Myers	on] Uenido (Noy #20) FC 33908 bour Yocht and	FILING INSTRUCTIONS for when and where to file this form are locat- ed 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.		

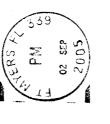
·					• • · ·		
PART D — INTANGIBLE PERSO TYPE OF INTANGI		Stocks, bonds, certi	ficates of deposit, etc.] BUSINESS ENTITY TO WHI	CHTHE	PROPERTY RELATES		
3 CD's		third F	1 CC - 4300		FL 3390 1		
401 K SIMPLE	PLON	AMERIC	ON FUND POBO	2560	phorFolk UAB 3501		
Stocks Bur. D.S.	'CDS		EDF FINONCIUS, 7204 Sunn Loke DR. FT Mythy FL 33919				
					- ·		
A Contraction of the second	· · · · · · · · · · · · · · · · · · ·						
PART E LIABILITIES [Major of NAME OF CRED		1	ADDRESS	OF CREE	DITOR		
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pmseich J Fpri			BOX 33427 SON	. prto	NIOTX 78265		
	Jul 2						
and the second							
PART F INTERESTS IN SPECI	FIED BUSINESSES	[Ownership or pos	sitions in certain types of businesses	s]			
	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2	: 	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY							
ADDRESS OF BUSINESS ENTITY	NON	'É					
PRINCIPAL BUSINESS ACTIVITY	1						
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 CONTINU	ED ON A SEPARATE SHE	ET, PLE			
					•A.,		
SIGNATURE (required):			UAIE S	IGNED (r	required):		
	FILING INSTRUCTIONS:						
WHAT TO FILE:		WHERE TO F			N TO FILE:		
After completing all parts of this form, including lf signing and dating it, send back only the first or sheet (pages 1 and 2) for filing. for		on Ethics or a C			, and specified state employee must ithin 30 days of the date of his or her intment or of the beginning of employ-		
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.		of Elections of th nently reside. (If in Florida, file wit	Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside n Florida, file with the Supervisor of the county where your agency has its headquarters.) ment. Appointees who must be confirmed the Senate must file prior to confirmation, e if that is less than 30 days from the date of the appointment. Candidates for publicly-elected local or		enate must file prior to confirmation, even is less than 30 days from the date of their		
		State officers of file with the Com 15709, Tallahass	r specified state employees mission on Ethics, P.O. Drawer see, FL 32317-5709; physical faclay Boulevard, South, Suite	must qualify <i>There</i> officer require	file at the same time they file their ring papers. eafter, local officers/employees, state s, and specified state employees are ed to file by July 1st following each		
		Candidates file qualifying papers.	this form together with their	calend tions.	dar year in which they hold their posi-		

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

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.



P.O. Box 1319 LaBelle, Florida 33975



Clectinio

Supervision of Clectini Lee Gunt Chectini 2400 Thingson St. FT Mar FC 33901

		2004
FORM 1	STATEMENT O	F 2003-
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	RESTS
address, agency name, and position below LAST NAME FIRST NAME MIDDLE HAMEL DOND MAILING ADDRESS : 1276 Z YECKT (FT MYMS 3 CITY : LEE COUNTY SME NAME OF AGENCY : COMMITTEE NAME OF OFFICE OR POSITION HELD CHECK IF CANDIDATE OR	NAME: CD JOHN Club Circle 3919 <u>EE</u> ZIP: COUNTY: PT GROWTH COMMITTE: MEMBER	FOR OFFICE USE ONLY: ID Code ID No. Conf. Code P. Req. Code
	**THIS SECTION MUST BE COMPLE	PDF 2003
A FISCAL YEAR. PLEASE STATE BELC DECEMBER 31, 2003 MANNER OF CALCULATING REPORT. THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE COMPARATIVE (PERCENTAGE	OW WHETHER THIS STATEMENT IS FOR THE PREI OR SPECIFY TAX YEAR IF O ABLE INTERESTS: THE OPTION OF USING REPORTING THRESHO OR USING COMPARATIVE THRESHOLDS, WHICH STATE BELOW WHETHER THIS STATEMENT REFI THRESHOLDS OR	OLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see LECTS EITHER (check one): DOLLAR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	COME [Major sources of income to the reporting pers SOURCE'S ADDRESS	on] DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Solony: Guit-Citrus e	Soumers pass P.O. Box 13 Lo Belle FL	11 1 1 1 1 1 1
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES	es of income to businesses owned by the reporting person] DDRESS PRINCIPAL BUSINESS SOURCE ACTIVITY OF SOURCE
L'A		
· · · · · · · · · · · · · · · · · · ·		
PART C REAL PROPERTY (Land, but HOME 12767 Slip #		FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2. FIS MYCA 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.

CE FORM 1 - Eff. 1/2004 (Continued on reverse side)

PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE		ICH THE PROPERTY RELATES	
4 Certificate of Deposit	Third Federal Savins \$40	an 4300 Clovel Die Five an 4300 Clovel Die Five FI 33901	
Stocksk, D's '	MORGENSTONLY 40371	Del PROJEBINE Cope Gral FL 3390	
IRAS(3)	Sculder to estimat	Gracon Konestick St 410	
401-Kc	AMERICON FUNDS	PO Box 2560, Noifik UP2350	
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS	OF CREDITOR	
CHASE-MONNOTTON HORSE	FINANCE BOX 9001871	LOUISVILLE KY 40290	
AMERICON FORM BUREAU	Bonk Boy 33427	San briteinio TX 78265	
PART F INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or positions in certain types of businesse	25]	
	ENTITY # 1 BUSINESS ENTITY # 2	2 BUSINESS ENTITY # 3	
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 SHE		
SIGNATURE (required):	DATE S	SIGNED (required):	
Jould & YUMa		15/05	
	FILING INSTRUCTIONS:	/	
WHAT TO FILE: After completing all parts of this form, including	WHERE TO FILE: If you were mailed the form by the Commission	WHEN TO FILE:	
signing and dating it, send back only the first	on Ethics or a County Supervisor of Elections	Initiaily, each local officer/employee, state officer, and specified state employee must file	
sheet (pages 1 and 2) for filing.	for your annual disclosure filing, return the form to that location.	within 30 days of the date of his or her appointment or of the beginning of employ-	
	Local officers/employees file with the Supervisor	ment. Appointees who must be confirmed by the Senate must file prior to confirmation, even	
	of Elections of the county in which they perma- nently reside. (If you do not permanently reside	if that is less than 30 days from the date of	
NOTE: MULTIDE E EN INCLIMINECESSARY	in Florida, file with the Supervisor of the county where your agency has its headquarters.)	their appointment.	
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a	State officers or specified state employees	Candidates for publicly-elected local office must file at the same time they file their	
calendar or fiscal year is not required to file a second Form 1 for the same year. However, a	file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.	qualifying papers.	
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.	<i>Candidates</i> file this form together with their qualifying papers.	Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each colorder war in which they hold their each	
engineer om i men quanyng.	To determine what category your position	calendar year in which they hold their posi- tions.	
	falls under, see the "Who Must File" Instructions on page 3.	<i>Finally</i> , 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.	