FORM 1		STATEMENT OF				2005
Piease print or type your name, mailing address, agency name, and position beh		FINANCIAL	INTERE	STS		Ř
MAILING ADDRESS :	L-D	JOHN		FOR OFF USE ON		AUG29PM0
11250 BIENVENIDA WAY #201 FT MYERS 33908 IFT MYERS 33908 CITY: ZIP: COUNTY SMERT GROWTH COMMITTER NAME OF AGENCY: COMMITTER COMMITTER MEMBER NAME OF OFFICE OR POSITION HELD OR SOUGHT:					ID N ID N Cont	
	OR	NEW EMPLOYEE OR AL TRE- P DPDINT-C				PDF 2005
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, 2005 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 NAME OF SOURCE OF INCOME	NCOME	SOU	ne reporting person] RCE'S RESS	1		SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
SALARY: GUHP (Hrus		PO BOX 1319		+	TRAPE ASSOCIATION	
	STOWENS DSSN IN Belle FL 3397		- 33975			
					Crtas Growens	
PART B - SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of ADDR OF SOL	ESS	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA		····				
			· · · · ·			
PART C-REAL PROPERTY [Land, buildings owned by the reporting person]			1#	FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.		
BODT SLIP #D	-76	FT Mye Gult Noobou	BIENVENICAL W FL339 r Meeina	08	INST this fo on pag	RUCTIONS on who must file orm and how to fill it out begin ge 3.
· · · ·	·····				OTHI file ar	ER FORMS you may need to a described on page 6.

CE FORM 1 - Eff. 1/2006 (Continued on reverse side)

PART D-INTANGIBLE PERSO TYPE OF INTANG 2 Certificate IPAS/SNAPLO IPA/Invertne	NBLE 1 of Der 2 / Plans	IStocks, bonds, certif Dast 3rd Fal Ameri RDF F	BUSINESS ENTITY TO WE Level St L 4300 (HCH THE PROPERTY RELATES Levelon Ave, Ft Myer 3390 of 2560 Worfolk VA 23501 C.	
PARTE - LIABILITIES Major NAME OF CREE HOME MURTGAS HUTO JOEN	$\frac{\lambda}{\lambda} = \frac{3r^2}{2}$	Felence STL Em Bureun		OF CREDITOR Kue FT Myers 33901 27 Son Datimo TX 78265	
PART F — INTERESTS IN SPECI		S. (Oursersbin or peak		-1	
		•			
NAME OF		SENTITY # 1	BUSINESS ENTITY # 2	2 BUSINESS ENTITY # 3	
BUSINESS ENTITY ADDRESS OF	NONF	i			
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 CONTINUE	D ON A SEPARATE SHE		
signatures (required):	n Home	l	DATE S	IGNED (required):	
		 FILING INSTRUCTIONS: 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 Mackay Boulevard, South, Suite 201, Tallahassee, FL 32312. Candidates file this form together with their qualifying papers. To determine what category your position fails 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 is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. 	

CE FORM 1 - Eff. 1/2006

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FORM 1		STATEM	ENT OF			2005	
Please print or type your name, mailing address, agency name, and position belo	v:	FINANCIAL	INTERE	CSTS	Γ		
LAST NAME - FIRST NAME - MIDDL HAMEL RONAL MAILING ADDRESS: 11250 BIENNENISA	Ď	JOHN		FOR OFF USE ONL	Y:	1 -30,	
FT MYERS 3: CITY: LEE COUNTY SMA NAME OF AGENCY: COMMITTEE Million COMMITTEE Million Million NAME OF OFFICE OR POSITION HE CHECK ONLY IF CANDIDATE	S 70 ZIP: ET O	REDUCTION COMMERCE		\bigvee	1	2091M105	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILEF REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS COMPARATIVE (PERCENTAG	FINANC OW WH 5 TABLE I S THE OR US E STATE	IETHER THIS STATEMENT IS OR SPECIFY NTERESTS: OPTION OF USING REPOR ING COMPARATIVE THRESH EBELOW WHETHER THIS ST	ECEDING TAX YEA FOR THE PRECED TAX YEAR IF OTHE TING THRESHOLD HOLDS, WHICH AR	R, WHETHE	EAR EN IE CALE RE ABS (BASE (check o	DING EITHER (check one): ENDAR YEAR: OLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see	
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME	ICOME	SOU	e reporting person] RCE'S RESS	.		SCRIPTION OF THE SOURCE'S	
	CHAUS P.O. BOX 1319		1319	5	TRADE ASSOCIATION REPRESENTING ROGIONS CITRUS Growens		
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, E OF MAJOR SOURCES E BUSINESS' INCOME	and other sources of ADDR OF SO	RESS	pusiness	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land,	buildings	owned by the reporting perso	n]			IG INSTRUCTIONS for when	
CONDO/HOMER BORT SIIP # D-	ES 11 36	ENCE 112507 FT MyEL Gut Hippbove	BIENVENIUS SE FE 5370 MORINA	# 501 Wpy c.P	ed at this for on particular of the second s	ER FORMS you may need to	
					file ar	e described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERT TYPE OF INTANGIBLE	Y [Stocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
2 Contiticotor of Depusi	it 3 R Foreals & L, 4300 Clevelond Ave FT onger 33901
IPAS (3)	AMERICON FUNDS RO. BOX 2560 Motolk VA23
PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Kne Matgace 3rd For	end St. L. 4308 Claveland Ave Fthy Rul 33901
AutoLOPN FROM BU	IREALL Credit Bank Box 33427 SoupAtONIOTX 78265
PART F - INTERESTS IN SPECIFIED BUSINESSE	ES [Ownership or positions in certain types of businesses]
BUSINES	S 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	F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE (required)	DATE SIGNED (required):
Fall John of	6/15/0-0
	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 officer, and specified state employee must
sheet (pages 1 and 2) for filing.	your annual disclosure filing, return the form to that location. file <i>within 30 days</i> of the date of his or her appointment or of the beginning of employ-
If you have nothing to report in a particular section, you must write "none" or "n/a" in that	Local officers/employees file with the Supervisor ment. Appointees who must be confirmed by
section(s).	nently reside. (If you do not permanently reside if that is less than 30 days from the date of their
Facsimiles will not be accepted.	in Florida, file with the Supervisor of the county where your agency has its headquarters.) appointment. Candidates for publicly-elected local office
NOTE:	State officers or specified state employees must file at the same time they file their

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.

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.

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.