FORM 1	FORM 1 STATEMENT OF						
Please print or type your name, mailing address, agency name, and position below: LAST NAME FIRST NAME MUDDLE NAME : HAWES TAREN B. MAILING ADDRESS: 3886 HIDDEN ACRES CR WAM JE 33903 LEE CITY: LEE GUNHY NAME OF AGENCY: DIRECTOR HUMAN SERVICES NAME OF OFFICE OR POSITION HELD OR SOUGHT :			E A A A A A A A A A A A A A A A A A A A				
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 YEAK. 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 NAME OF SOURCE OF INCOME	NCOME [Major sources of income to the resources SOURCE ADDRES 83 PONSELIA,		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Cavernment				
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, and NAME OF MAJOR SOURCES OF BUSINESS' INCOME	other sources of income to bus ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
PART C REAL PROPERTY [Land,	buildings owned by the reporting person]	ar ec IN th or O	ILING INSTRUCTIONS for when nd where to file this form are locat- d at the bottom of page 2. NSTRUCTIONS on who must file his form and how to fill it out begin n page 3. OTHER FORMS you may need to be are described on page 6.				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
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PART E - LIABILITIES [Major of	dehtel						
NAME OF CREDITOR			ADDRESS OF CREDITOR				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2	<u> </u>	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							
			D ON A SEPARATE SHE				
				- 1, 1			
SIGNATURE (required):	$^{\prime}$		DATE S		IGNED (required):		
	hon b	3 ant	/	81	5/04		
<u> <b>´</b>FILING INSTRUCTIONS:</u>							
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.		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.		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 employ- ment. Appointees who must be confirmed by			
NOTE:		Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county		the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.			
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		where your agency has its headquarters.) State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709 Tailabassee FL 32317-5709		<b>Candidates</b> for publicly-elected local office must file at the same time they file their qualifying papers.			
second Form 1 for the same ve	ar. However. a	15709 Tallahassee	FL 32317-5709	There	after local officers/employees state		

reaner, 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.

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.

9, Tallanassee, FL 3231 -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.