FORM 1		STATEM	ENT OF		2005			
Please print or type your name, mailing address, agency name, and position belonger	ow:	FINANCIAL	INTERESTS	\mathbf{S}				
Herrell, Leon MAILING ADDRESS:		FOR C USE O	OFFICE ONLY:	62VIII-30				
North Fort M	–,	7	ID C	008 SO				
NAME OF AGENCY: Lee County NAME OF OFFICE OR POSITION HE Principal	LD OR S		,	f. Code Code				
CHECK ONLY IF CANDIDATE	OR	NEW EMPLOYEE OR AI	PPOINTEE					
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: 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	SOU	ne reporting person] RCE'S RESS	ſ	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY			
		2055 Central Avenue Fort Myes, FL		 	Education			
		FORT MIGRIS, T						
PART B SECONDARY SOURCES OF INCOME [Major customers, NAME OF NAME OF MAJOR SOURCE BUSINESS ENTITY OF BUSINESS' INCOME		OF MAJOR SOURCES	nts, and other sources of income to bu ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
1,370								
PART C REAL PROPERTY [Land, buildings owned by the reporting person] 23 680 Walden Centr Dr # 308					NG INSTRUCTIONS for when where to file this form are location of page 2.			
Bunita Springs			RUCTIONS on who must file orm and how to fill it out begin ge 3.					
23540 Walden Centre Dr. # 206					ER FORMS you may need to re described on page 6.			

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
None							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
None							
PART F — INTERESTS IN SPECI	FIED BUSINESSES [Ov	wnership or posit	tions in certain types of businesses]				
	BUSINESS ENTIT	TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	None						
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): Line Lynn Hene DATE SIGNED (required):							

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.

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 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.

CE FORM 1 - Eff. 1/2006 PAGE 2