FORM 1	FORM 1 STATEMENT OF					2004		
Please print or type your name, mailing address, agency name, and position be		FINANCIAL	INTERE	ESTS				
LAST NAME FIRST NAME MIDE JACKSON JA MAILING ADDRESS 2324 SW 43	MES	MELVIN		FOR OF USE ON		רב ה 2005 הף ה געריבוייים		
						ode		
CITY : CAPE CORAL	ZIP 3		ID N	• Fig. 7				
NAME OF AGEINCT				r. Code (.				
ELEME				eq. Code				
	OR		APPOINTEE					
**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: Imag								
PART A PRIMARY SOURCES OF NAME OF SOURCE	INCOME	SOL	IRCE'S			SCRIPTION OF THE SOURCE'S		
LEE CO. SCHOOL BOARD		CENTRALAUG., FT. MYERS			PRINCIPAL BUSINESS ACTIVITY PUBLIC SCHOOL			
	<del>- ,,, ,-</del> .							
		ME [Major customers, clients, and other sources of E OF MAJOR SOURCES ADDR BUSINESS' INCOME OF SO		ESS		Ses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					FILING INSTRUCTIONS for when and where to file this form are locat-			
HONE - 7324 SW 43P SI. CAPE CORAL, FL 33914					ed at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
						ER FORMS you may need to e described on page 6.		

PART D — INTANGIBLE PERSONAL PROPE TYPE OF INTANGIBLE	ERTY [Stocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WHI	ICH THE P	PROPERTY RELATES				
TSA- 403B	Raymon	Raymond James Associates						
		······································	· · · · · · · · · · · · · · · · · · ·					
				······································				
PART E LIABILITIES [Major debts]								
NAME OF CREDITOR		ADDRESS OF CREDITOR						
MORTGAGE on HUME	I ISANK	SLANK OF AMERICA - CAPE CORAL, FL						
2" MONOTGAGE LINE OF CR	eart SouthT	South TRust (Manay MARCOMANN) - CARE CORAL, FL						
AUTO WAN - SOUTHEAST TOYOTA FINANCE POBOX 70832 CHARLOTTE, NC 28272								
		· · ·		<u> </u>				
				ر میں میں میں میں میں میں میں میں میں کر ہوت				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
	NESS 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 THROUG	GH F ARE CONTINUE	D ON A SEPARATE SHE	ET, PLE	ASE CHECK HERE				
			-	11,-10,-				
SIGNATURE (required):	M. Jelh	DATE SI	IGNED (re	equired): 4/15/05				
······ //	FILING IN	STRUCTIONS:						
WHAT TO FILE: After completing all parts of this form, includi signing and dating it, send back only the fi sheet (pages 1 and 2) for filing.	WHERE TO FIL If you were mailed on Ethics or a Con	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		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-				
NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for	of Elections of the nently reside. (If yo in Florida, file with where your agency	<i>loyees</i> file with the Supervisor county in which they perma- u do not permanently reside the Supervisor of the county has its headquarters.) specified state employees	ment. 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. <b>Candidates</b> for publicly-elected local office must file at the same time they file their qualifying papers. <b>Thereafter</b> local officers/employees state					
calendar or fiscal year is not required to file second Form 1 for the same year. However	a file with the Commi	ssion on Ethics, P.O. Drawer						

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.

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.

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.