FORM 1	STATEM	RECEIVE 2004						
Please print or type your name, mailing address, agency name, and position below:  FINANCIAL INTERESTS								
MAILING ADDRESS:	ME: ARY IV 7631	FOR OF USE OF	FIGE IN FER	TOWN OF LULOTIONS				
	EC 339// IP: COUNTY:	CEE	DNO					
NAME OF AGENCY:  SELECTION OF AGENCY:  Conf. Code  P. R. G. Code  P. R. G. Code								
CHECK ONLY IF  CANDIDATE OR	☐ NEW EMPLOYEE OR AF	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, 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  OR  DOLLAR VALUE THRESHOLDS  PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]								
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
FIRE DEPT	2404 DR 101-	2404 MR MIL KIND BILD		FIRE & ORPRESSION				
PART B SECONDARY SOURCES OF IN	COME [Major customers, clients,	and other sources of income to	business	es owned by the reporting person]				
NAME OF N. BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
Alle								
	· · · · · · · · · · · · · · · · · · ·							
PART C REAL PROPERTY [Land, buildings owned by the reporting person]  FILING INSTRUCTIONS for and where to file this form are lo								
10.47	ed at the bottom of page 2.  INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.							
			ОТНЕ	ER FORMS you may need to				

PART D — INTANGIBLE PERSON TYPE OF INTANGIB	IAL PROPERTY (Stock	s, bonds, certifica	ites of deposit, etc.)	E DDODEDTY DELATES		
1100 E		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
10000				ECEIVED		
		2805 JUN 21				
		SUPERVISOR OF TELEVIORS				
		THIS DIE OF ELECTIONS				
				.0113		
			1			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
NON E						
		-				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTI	TY#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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):  DATE SIGNED (required):  6-24-05						
FILING INSTRUCTIONS:						

### 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.

## 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.

# 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.