

**FORM 1**

**STATEMENT OF**

**2004**

**FINANCIAL INTERESTS**

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Kirkwood, Wayne R

MAILING ADDRESS :

1503 SW 58th Ln

CITY : ZIP : COUNTY :

Cape Coral FL 33914 Lee

NAME OF AGENCY :

Lee County Construction Board of Adjustments +

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board Member Appeals

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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SUPERVISOR OF SELECTIONS

**\*\*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
Kirkwood Electric Inc	PO Box 152000, Cape Coral FL 33915	Electrical Contractor

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Kirkwood Enterprises	Kirkwood Electric, Inc	PO Box 152000	Rental Property

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]

See Attachment

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**OTHER FORMS** you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
401K	New York Life
Brokerage Acct	Pershing
Brokerage Acct	Edward James

**PART E — LIABILITIES** [Major debts]  
NAME OF CREDITOR

ADDRESS OF CREDITOR

US Bank	PO Box 2188 Oshkosh WI 54903-2188
Fifth Third Bank	2724 Del Prado Blvd Cape Coral FL 33904

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Kirkwood Electric Inc	C.BCC	FCB of SW FL
ADDRESS OF BUSINESS ENTITY	PO Box 152000 Cape Coral	1314 Cape Coral Pkwy #102	15105 Red Cedar Dr Ft Myers
PRINCIPAL BUSINESS ACTIVITY	Electrical Contractor	Board member	Board Member
POSITION HELD WITH ENTITY	President	Chairman of the Board	Director
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	NO	NO
NATURE OF MY OWNERSHIP INTEREST	Stock	Stock	Stock

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required): 

DATE SIGNED (required): 5-25-05

**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.

Form 1 F Attachment  
Wayne R Kirkwood

Part C - Real Property

1018 SE 12th Court	Cape Coral FL
1004 SE 12th Court	Cape Coral FL
1022 SE 12th Court	Cape Coral FL
1306 SE 10th St	Cape Coral FL
14-44-23-C1-01944.G000 Pine Island Rd	Cape Coral FL
4346 SW 19th Place	Cape Coral FL
4343 SW 20th Ave	Cape Coral FL
Block 4740 Lots 73-76	Cape Coral FL
1.9 AC SR 1393 Barkers CK Rd	Whitter, NC
1.73 AC SR 1393 Barkers CK Rd	Whitter, NC

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SUPERVISOR OF ELECTIONS

**SHARON L. HARRINGTON  
SUPERVISOR OF ELECTIONS  
LEE COUNTY - FLORIDA**

COPY

<u><b>PHYSICAL ADDRESS</b></u>  <b>LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3<sup>RD</sup> FLOOR FORT MYERS FL 33901</b>	<u><b>MAILING ADDRESS</b></u> please send all correspondence to this address  <b>P O BOX 2545 FORT MYERS FL 33902-2545</b>
<b>MAIN OFFICE 239-339-6304</b>	<b>FAX 239-339-6310</b>

**TO:** Departing Local Officer 83-007616  
**FROM:** Bernie Feliciano KIRKWOOD, WAYNE ROBERT  
 Qualifying Officer, Lee County 1503 SW 58TH LN  
CAPE CORAL FL 33914  
**DATE:** March 30, 2005  
**SUBJECT:** Form 1 Statement of Financial Interests for **Year Ending 12-31-2004**

We are in receipt of your **FORM 1F-FINAL Statement of Financial Interests for 2005** that *covers a portion* of your service as a local officer for the year 2005. According to the FORM 1F FINAL Statement of Financial Interest you submitted, the last date you held public office **or employment** was **01-15-05**.

Enclosed is a **standard Form 1, Statement of Financial Interests for 2004**, to complete and return in order to **satisfy your obligation to file** financial disclosure for the **year 2004 (year ending 12-31-2004)**.

Persons serving as of December 31, 2004 (along with those officials elected in 2004 whose terms began in 2005) are **STILL** required to file in 2005 for the year ending 12-31-2004. **Even if you left the your position in 2005**, you are required to file disclosure for 2004 on the enclosed form.

**WHEN TO FILE: On or before July 1, 2005**

**WHERE TO FILE: Please return the completed ORIGINAL form, including signature and date in the enclosed postage-paid return envelope to:**

**LEE COUNTY ELECTIONS OFFICE  
P O BOX 2545, FORT MYERS FL 33902-2545**

**THE ROLE OF THE SUPERVISOR OF ELECTIONS IS TO RECEIVE AND MAINTAIN THE  
FINANCIAL DISCLOSURE FORM AS PUBLIC RECORD**

***Please do not file the form with the Florida Commission on Ethics in  
Tallahassee***

**QUESTIONS?:**

**HOW DO I COMPLETE THE FORM?** Instructions for completing this form are included in this mailing. **Any questions regarding the instructions or the form should be directed to the office of the Florida Commission on Ethics at 1-850-488-7864.**

**IMPORTANT NOTE:**

**Persons who fail to file the annual disclosure form by September 1st are subject to automatic fines of \$25.00 for each late day up to \$1,500.**

Thank you for your cooperation and prompt attention to this matter.

Enclosures: Form 1 Statement of Financial Interests 2004  
Postage Paid Return Envelope