FORM 1	FORM 1 STATEMENT OF					
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS						
LAST NAME - FIRST NAME MIDDLE NAME LEWIS BARRY DA	FOR OFF	1.4 M				
MAILING ADDRESS						
N. Forr Mycis, FL		ID Code				
CITY: City of Full MyErs		ID No. 영				
NAME OF AGENCY: MAIRMAN		Conf. Code				
NAME OF OFFICE OR POSITION HELD OR SQUGHT: FORT MYLIS VOLLIE VLASION SYDTEM.						
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: 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						
NAME OF SOURCE	[Major sources of income to the reporting person]	<u></u>	DESCRIPTION OF THE SOURCE'S			
OF INCOME Lity of Fort MyERS	2200 Mar Freet Fr M	100	PRINCIPAL BUSINESS ACTIVITY Police Office.			
	Funda					
WALTES HAGEbuckLE			SALE of KEAL ESENTE			
HEIGHTS Proputies INC.	1229 CARECount PKWy CAPE Cor	ial F[]				
	ME [Major customers, clients, and other sources of E OF MAJOR SOURCES ADDRI BUSINESS' INCOME OF SOL	ESS	usinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
MA						
PART C REAL PROPERTY [Land, buildings owned by the reporting person] BACKES MUKKAY WILL Rd. Ephrntah NY.			FILING INSTRUCTIONS for when and where to file this form are locat- ed 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					
Mutual Funds	<u> </u>	TROWE PRICE INC			
CD	uy	F.Eth this Brok			
<u>()</u>		Suconst Schools Felger Greht Vain			
			<u></u>		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
Sunconst Schools TAMPA, FLORIDA					
Feleral Creat Union					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
	BUSINESS ENT	ITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	<u> </u>				
ADDRESS OF BUSINESS ENTITY	N.				
PRINCIPAL BUSINESS ACTIVITY	TH.				
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST		7			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):	SIGNATURE (required): DATE SIGNED (required): 8.10.06				
FILING INSTRUCTIONS:					
WHAT TO FILE: WHERE TO FILE: WHEN 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.

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.

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.