FORM 1	20	2005		
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERE				
LAST NAME FIRST NAME MIDDLE N ATHES MAKING ADDRESS:	HN BANKE	R FOR OF USE ON		
	RCE AVEN	VE	I ID Code	š
	OOLINTY.			06FEB13PM1241
BONITA SPRINGS 34135 LEE			ID No.	
NAME OF AGENCY:		165	Conf. Code	141 SOE
NAME OF OFFICE OR POSITION HELD OF BOARD FOR LAAD USE A		15 Board	P. Req. Code	
CHECK ONLY IF CANDIDATE OF	NEW EMPLOYEE OR AP	POINTEE		PDF 200
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN. A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2005 MANNER OF CALCULATING REPORTAE THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE S'	WHETHER THIS STATEMENT IS OR SPECIFY SLE INTERESTS: HE OPTION OF USING REPORT R USING COMPARATIVE THRESH	ECEDING TAX YEAR, WHETI FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN T TING THRESHOLDS THAT A IOLDS, WHICH ARE USUAL	HER BASED ON A CALENDAR Y YEAR ENDING EITHER (check of THE CALENDAR YEAR: ARE ABSOLUTE DOLLAR VALL LY BASED ON PERCENTAGE V	ne): JES, WHICH
COMPARATIVE (PERCENTAGE) T			DOLLAR VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the SOUR ADDR	RCE'S	DESCRIPTION OF THE SC PRINCIPAL BUSINESS AC	
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MATTHES/EARLY INC	27540 OLD 41/C	1) Bontispr, rep	R.E. BROKENAS	-77
Bonite Springe Utilitie	11680 EAST	TENTY ST. GARAGE	Water/SEWER UT	11/1tip
PART B SECONDARY SOURCES OF II	NCOME [Major customers, clients, a	nd other sources of income to	businesses owned by the reporting	ng person]
NAME OF N BUSINESS ENTITY	OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BU ACTIVITY OF S	SOURCE
MATHES REALTY APPROXIS	The Trans Capital Bank	HAHANABLE, F	1 33004 JEONSTAVE	non Lena
MATITES REMAN Appears of	THE ENLINK LLC	TACKSONVILL, FL	1,258 Comp	myn
MATUES METERY Approval,	ac (0/0914/13AAK	POBOX 108 WONTGOMENY, 26101	At Lending	+ Chomps
PART C REAL PROPERTY [Land, build	lings owned by the reporting person		FILING INSTRUCTION and where to file this form ed at the bottom of page 2	are locat-
Chassahowitzka Ric	UR LOT Apprx.	2 Acres	INSTRUCTIONS on who this form and how to fill it on page 3.	
			OTHER FORMS you ma file are described on page	

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY T	O WHICH THE PRO	PERTY RELATES			
CTOCK		M	ATHES REA	LTG ANN	raisal INC			
CTOCK			MATHES	Marita	THE-	-		
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		<u></u> _						
								
PART E — LIABILITIES [Major of NAME OF CREE		I	ADD	RESS OF CREDITO	R			
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PART F — INTERESTS IN SPECI	FIED BUSINESSES TO	wnership or positi	ons in certain types of bus	sinesses1		-		
	BUSINESS ENT		BUSINESS ENT	•	BUSINESS ENTITY # 3	×		
NAME OF BUSINESS ENTITY	MATHE	Drawn To	MATHE REACT	Appears Inc		8		
ADDRESS OF	22890 060	11 1/1 65 4	21890 01741	the house		-8		
PRINCIPAL BUSINESS	OFN KOM	Rackers	REAL KINTE A	and the				
ACTIVITY POSITION HELD	766716 6 71116	100000	100000000000000000000000000000000000000	714347				
WITH ENTITY I OWN MORE THAN A 5%								
NATURE OF MY								
OWNERSHIP INTEREST								
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required):	THE		E	OATE SIGNED (requi	ired): 2/5/06			
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.

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.

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.