FORM 1	STA	ATEMENT	OF		2005		
Please print or type your name, mailing address, agency name, and position below:	FINAN	CIAL INT	ERESTS	<i>1</i>			
LAST NAME FIRST NAME MIDDLE NAME: Michire Kris Gla MAILING ADDRESS:				FOR OFFICE USE ONLY: ID Code ID Code			
1631 Jendry Sd	<u></u>			ID Code	•	11mm11	
CITY: ZIP: COUNTY:				ID No.		SE	
NAME OF AGENCY:	Con las Cons	·		Conf. C	ode		
NAME OF OFFICE OR POSITION HELD		rd of Drews	<u>~</u>	P. Req.	Code	J erni	
CHECK ONLY IF CANDIDATE	<u> </u>	PLOYEE 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): 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							
PART A PRIMARY SOURCES OF INC		of income to the reporting	person]				
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		4	RIPTION OF THE SOURCE'S CIPAL BUSINESS ACTIVITY		
Celaplossociates	1631 le	ndry St		(ms	n I drawt		
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	FINCOME [Major custon NAME OF MAJOR SOF BUSINESS' IN	SOURCES	ources of income to ADDRESS OF SOURCE	o businesses	owned by the reporting person PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
			MANUE.				
PART C REAL PROPERTY [Land, b	uildings owned by the	reporting person		FILING	S INSTRUCTIONS for v	vhen	
1631 Dayly	FI	and where to file this form are located at the bottom of page 2.					
17371 Calc Creek Hunks				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
					R FORMS you may need	to	

PART D — INTANGIBLE PERSONAL PROPERTY [Store	cks, bonds, certificates of deposit, etc.]				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
tho, ow Stock for Holion	Revisinal Smily Barney				
150,000 IV	(exsima)				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR				
Dankof Domenica	740 C				
Colonia Bank	9090 Paniels Par Kway For Myers Fl				
	/ 331/2				
PART F - INTERESTS IN SPECIFIED BUSINESSES [O	wnership or positions in certain types of businesses]				
BUSINESS ENT	ITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY ALL ALBOY	inter				
ADDRESS OF	dry.				
PRINCIPAL BUSINESS /'\					
POSITION HELD	nt/				
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):				
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.

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