| FORM 1 | | 2004 | | | | | | |
|---|--------------|--|---|-------------------------|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position bel | | FINANCIAL | INTERE | ESTS | / | | | |
| MCS Ch. May 7 MAILING ADDRESS: | in, | Robert 1 d Pl | | FOR OFFICE USE ONLY: | | | | |
| Cape Cor CITY: GUFF NAME OF AGENCY: NAME OF OFFICE OR POSITION HE CHECK ONLY IF CANDIDATE | eal, lemo | COUNTY: en Taly 5cl OUGHT: NEW EMPLOYEE OR AF | | 60 4 16 100 NA | LOCOLO CONSTITUTO DE LOCALISTA DA CONTROLO DE LOCALISTA D | | | |
| **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: 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 INAME OF SOURCE OF INCOME | NCOME | SOUF | e reporting person] RCE'S RESS | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | |
| Lee County School Boar | | M School Board, Fort Myers, Florida | | | Manage a School in South west Cape Coral, FL | | | |
| PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY | NAME | ME [Major customers, clients, a E OF MAJOR SOURCES BUSINESS' INCOME | and other sources of ADDRI OF SOU | ESS | inesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | |
| Non | <u>e</u> | | | | | | | |
| | | | | | | | | |
| PART C REAL PROPERTY [Land, | | ILING INSTRUCTIONS for when not where to file this form are locat- | | | | | | |
| FL. 3399 | IN thi | I at the bottom of page 2. ISTRUCTIONS on who must file is form and how to fill it out begin in page 3. | | | | | | |
| LoTS3/and | | THER FORMS you may need to e are described on page 6. | | | | | | |

| | GIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] E OF INTANGIBLE J BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | | |
|--|---|-----------------------------|---------------------|---|--|--|--|
| noon | l | | | | | | |
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| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | | |
| Chase-Mashattan | | P.O. Box 900 1871, | | | | | |
| BONK FOR MORTA | | nge 104151111e XY 40290-187 | | | | | |
| af How | 12 |) | ao a o o o o o o o | , , , , , , , , , , , , , , , , , , , | | | |
| | | | | | | | |
| | | | | | | | |
| 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 | NONE | | | | | | |
| 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): marter a, meach DATE SIGNED (required): 5-23-05 | | | | | | | |
| FILING INSTRUCTIONS: | | | | | | | |
| WHAT TO FILE: | Wł | HERE TO FILE | : Wi | HEN 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.

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.