FORM 1 STATEMENT OF					-	2004		
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS								
LAST NAME FIRST NAME MIDDLE NAME :  NAGATA MARTHA +  MAILING ADDRESS !  OLOG Part Broad Co.								
FT. MYERS, FL 33919 LEE CITY: ZIP: COUNTY:						RECEIVED		
NAME OF AGENCY:  LEZ TRAN - PROSPORT STEVICE  OF TO NO JUL- SUPERVISOR  OF TO SUPERV								
NAME OF OFFICE OR POSITION HELD OR SOUGHT:  RESCRICTOR OF R. SP.								
CHECK ONLY IF	OR	NEW EMPLOYEE OR A	PPOINTEE					
**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								
COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS  PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]								
NAME OF SOURCE SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
Good wheels Tuc (Emplayer) 10075 BUNGA Ld.SE, FM 33812 St. FLAZLE County					12/22 County			
SINET 4/07/05			1 01	7	11.00			
LEETRAN		5711-1 INDEPENDE	Nuc Chie, M	133112	[28(	DUNITY GRANTS		
PART B SECONDARY SOURCES  NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of ADDR OF SO	RESS	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]  HOME 8695 PARTY DYLOCK, FM 357/9					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.			
					OTH	ER FORMS you may need to		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE   BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR						
LITTON LOAN -NORTH		WWW. /ITTONLOAN. COM						
			13009 US Huz 41 SE, FM, FL 33907					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
	BUSINESS ENTI	TY#1 BUSINESS ENTITY#2		NTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY								
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):  DATE SIGNED (required):  Display 105					required):			
FILING INSTRUCTIONS:								
WHAT TO FILE: WHEN 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.

## 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.