					_	12 Tillo 9:25 la		
FORM 1	\mathbf{S}'	TATEM	IENT OF	†	P	RECEIVED 2004		
Please print or type your name, mailing address, agency name, and position below	FINA	ANCIAI	INTER	ESTS	S	W25		
LAST NAME FIRST NAME MIDDLE NESTA, JR. LEON		1		FOR O	OFFICE	SAFER SEE		
MAILING ADDRESS :				USE	NLT:			
514 SE 13 St				-	IDC	Code		
]		/		
	ZIP: 3 <i>990</i>	COUNTY:	E	1	ID N	lo.		
NAME OF AGENCY:		Fine \		2	Con	if. Code		
C. Ly OF CAPE COZAL PE NAME OF OFFICE OR POSITION HELD	OR SOUGHT:	PRIE)		I V	`	Req. Code		
CHAIRMAN				1				
CHECK ONLY IF CANDIDATE	OR NEW	EMPLOYEE OR A	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, 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 PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY								
City OF CASE CORAL	Po	PO BOX 150027 CAPE COENL				Ly FIRE Dept		
	FL. 33			15				
					 -			
DART B. SECONDARY SOURCES OF	WCOME (Major c	- cliente	1 " a serverage of					
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS	R SOURCES	and other sources of ADDRI OF SOL	RESS	business	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NONE								
					لِــــ			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] 5/4 SE /3 S+ Cape Coant, FL 33990						IG INSTRUCTIONS for when here to file this form are locat- the bottom of page 2.		
						INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
						ER FORMS you may need to		

Same of the same o	E. N						
PART D — INTANGIBLE PARSO		ks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHICH T	HE PROPERTY RELATES			
TYPE OF INTANG	DLC		Document of the second of the				
	1						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
None	-						
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							
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 SIGNE	ED (required): 5-24-2005			

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.

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.

FILING INSTRUCTIONS:

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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