FORM 1	STATEMENT OF	2005		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS			
NORRIS JOE MAILING ADDRESS:	FOR			
Bonity Sps H	COUNTY:	ID Code 10-17-06		
NAME OF AGENCY:  BON: HA SPING Z  NAME OF OFFICE OR POSITION HELD OR	ONING-BOARS	Conf. Code P. Req. Code		
CHECK ONLY IF   CANDIDATE OR	☐ NEW EMPLOYEE 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:  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 NAME OF SOURCE OF INCOME	[Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
HENNING GP	4344 Copporate Sa #1	CONSTRUCTION		
	Naples FE 34104	,		
NAME OF I NAM	OME [Major customers, clients, and other sources of income to the control of the	to businesses owned by the reporting person]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, building	gs owned by the reporting person]	FILING INSTRUCTIONS for when and where to file this form are locat-		
27233 JOLLY Roge	ee LN Bonitasps FL	ed at the bottom of page 2.  INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.  OTHER FORMS you may need to		
		file are described on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]					
TYPE OF INTANGIBLE	<del> </del>	BUSINESS ENTITY TO WHICH TI	HE PROPERTY RELATES		
None					
		<del></del>			
		•	1.00		
		3			
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR	ADDRESS OF CREDITOR				
Mortage	Bank	of America Bo	m. TABCh RC		
	BONGA SAS ET.				
			77-11		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
BUSINESS ENT		BUSINESS ENTITY # 2	PHOINTOC ENTITY # 0		
NAME OF			BUSINESS ENTITY # 3		
BUSINESS ENTITY Wesmark Cus ADDRESS OF	- '1 . 1				
BUSINESS ENTITY 27233 DUY	Luger W	BONHASPS FE34	135		
ACTIVITY CONSTRUCTS	an 1				
POSITION HELD WITH ENTITY SIT					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS  Yes					
NATURE OF MY OWNERSHIP INTEREST  ALLO					
OWNERSHIP INTEREST ACTION	· · · · · · · · · · · · · · · · · · ·				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):  DATE SIGNED (required):  10/16/06					
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.

#### 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.

