FORM 1		STATEM	ENT OF			2005	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS							
LAST NAME FIRST NAME MIDDLE NAME: PATTERSON JAMES ARMSTRONG MAILING ADDRESS:					FFICE NLY:	/	
23670 PEPPERMILL COURT BONITA SPRINGS 34134 LEE CITY: ZIP: COUNTY: BAYSIDE (MPROV. CDMM. DEVEL. DISTRICT NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OR SOUGHT: BOARD SUPERVISOR SEAT 5 CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE						N129M1039 SDE Lee Co F1	
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 [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S OF INCOME ADDRESS						SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
FOR'S MUTCH COMPANY		AMERICAN RD, DEARBORN, MI 48121			AUTO. MANUFACTURER		
SOC. SEC. ADMIN		6214 TRAIL BLVD. N. NAPLES			RETI	RE. INSURANCE	
FIDELITY 401 K		P.O. BOX 770003 CINCINNATI, OHIO 5801 PELICAN BAY BLVD			IN	YEST. CC.	
WACHOV, A IRAS SUITE 200, NAPLES "						4 a	
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of ADDRI OF SOL	ESS	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
					 		
and when the same and when the same are same and when the same are same and when the same are						IG INSTRUCTIONS for when here to file this form are locathe bottom of page 2.	
						RUCTIONS on who must file orm and how to fill it out begin ge 3.	
						R 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							
FIDELITY 401K		FIDELITY INVEST. CO.					
WACHEVIA INVEST.	IRAS	STOCKES CHOSEN BY MORAN GROUP, WAPLES					
GREAT WEST LIFE	ECO STOLK	formerly CANADA LIFE CO. CITIGROUP CORPORATION					
CITIGREUP	STOCK	CITIGROUP CORPORATION					
<u></u>							
PART E — LIABILITIES [Major d NAME OF CREDI		ADDRESS OF CREDITOR					
NONE							
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENT	TITY#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): SIGNATURE (required): 5.22.6							
// 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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