FORM 1 STATEMENT OF				2004/			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	\$	SU 22			
LAST NAME FIRST NAME MIDDLE NA		FOR O USE O		RECI 2005 JUN 2 SUPERVISOR			
MAILING AD ROBINSON, ELLIS M 1053 SEA HAWK LN SANIBEL FL 33957	00-03119 M	9	ID Code	OR DE LLES HUNS			
NAME OF AGENCY: CITY OF SANIB NAME OF OFFICE OR POSITION HELD OF COMMISSIONER/ CHECK ONLY IF CANDIDATE OR	SOUGHT: COMMISSION (KEMBER DEAER	ID No. Conf. Code P. Req. Cod				
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							
PART A PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOME	SOU	RCE'S					
THE BUTTONWOOD PARTNERSHIP WADE HAMPTON ROBERT BZOE COHEN	ADDRESS 1053 SEAHAWK LANE SANIBEL, FL 33957 4514 S. PITT ST. ALEXANDRIA, VA 22314		PRINCIPAL BUSINESS ACTIVITY CONSALTANT TO NONPROFITS UNKNOWN- SALE OF RESIDENCE				
		,					
	ME OF MAJOR SOURCES DF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
THE BUTTONWOOD THE PARTNERSHIP	E BELDONNFUND	99 MADISONAVE NEW YORGNY (82hf. EN 0016 FOL	NRONMENTAL INDATION			
PART C REAL PROPERTY [Land, buildings owned by the reporting person]				FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.			
CONDOMINIUM @ 641 PERIWIN		IONS on who must file how to fill it out begin					
				RMS you may need to ribed on page 6.			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]						
TYPE OF INTANG	ETIREMENT		SCHWAG & CO.			
ACCOUNT	5		<u> </u>			
			······································			
				.		
				·		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
WELLS FARGO :	HOME MATGAGE	P.O. BOX 14411, Des Moines, IA 50306-3411				
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			<u> </u>			
ADDRESS OF BUSINESS ENTITY			ν _{αμ} τι _{ματη} ό _μ έπ _{αν} τέμα τους. Το π			
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) With Automs DATE SIGNED (required): 6/19/05						

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.

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.

FILING INSTRUCTIONS:

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.