	CEKTIFIED MAIL					
FORM 1		STATEM	ENT OF		2004	
Please print or type your name, mailing address, agency name, and position bel	DW:	7 FINANCIAL INTERI				
LAST NAME – FIRST NAME – MIDD ROBINSON, GEORGE MAILING ADDRESS : P.O. Box 919				FOR OFFIC	RECEIVED	
CITY : Boca Grande	ZIP :	COUNTY : 21-0919 Lee			ID Coden 1 7 2005 SUPERVISOR OF No VELECTIONS	
NAME OF AGENCY : Gasparilla Island Bridge Authority				Cont. COL 18		
NAME OF OFFICE OR POSITION HE Board of Supervisors, Seat #1	ELD OR S			P. Req. Code		
	OR		PDF 2004			
A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPOI THE LEGISLATURE ALLOWS FILE	R FINANC ELOW WH 24 R TABLE I RS THE S, OR US SE STATE	IETHER THIS STATEMENT IS <u>OR</u> SPECIFY NTERESTS: OPTION OF USING REPOR SING COMPARATIVE THRES EBELOW WHETHER THIS ST	Receding Tax yea For the preced Tax year if othe RTING Threshold Holds, which ar	NR, WHETHER DING TAX YEA ER THAN THE DIS THAT ARE E USUALLY E TS EITHER (d	CALENDAR YEAR: ABSOLUTE DOLLAR VALUES, WHICH BASED ON PERCENTAGE VALUES (see	
PART A PRIMARY SOURCES OF NAME OF SOURCE		[Major sources of income to the SOU	ne reporting person] RCE'S		DESCRIPTION OF THE SOURCE'S	
OF INCOME Barrington Terrace,LP - sale of interest		ADDRESS Atlanta, Georgia			PRINCIPAL BUSINESS ACTIVITY assisted living facility	
ISPAT Inland Steel Mining			Virginia, Minnesota		iron ore mining	
United States Treasury		Washington, DC			government	
KV Oil & Gas		Versailles, Kentucky		_	tural gas wells	
NAME OF NAM BUSINESS ENTITY (ME [Major customers, clients, and other sources o E OF MAJOR SOURCES ADDF F BUSINESS' INCOME OF SO		ESS	inesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A		********				
		·····				
		······				
PART C – REAL PROPERTY [Land,	buildings	owned by the reporting perso		a	ILING INSTRUCTIONS for when nd where to file this form are locat- d at the bottom of page 2.	
				ti	NSTRUCTIONS on who must file his form and how to fill it out begin n page 3.	
				c	THER FORMS you may need to le are described on page 6.	

CE FORM 1 - Eff. 1/2005 (Continued on reverse side)

PART D — INTANGIBLE PERSO TYPE OF INTANG		Stocks, bonds, certific		CH THE PROPERTY RELATES			
N/A							
			· · · · · · · · · · · · · · · · · · ·				
	<u> </u>			A RECEIVED P			
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		· · · · · · · · · · · · · · · · · · ·		SUPERVISOR			
				ELECTIONS OF			
PART E — LIABILITIES [Major NAME OF CREE		1	ADDRESS	OF CREDITOR			
N/A							
			<u> </u>				
			<u> </u>	<u></u>			
	······						
	······································						
PART F — INTERESTS IN SPEC	IFIED BUSINESSES	Ownership or positi	ions in certain types of businesses	5]			
	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	N/A	······					
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY		·····					
POSITION HELD WITH ENTITY							
LOWN MORE THAN A 5%		<u> </u>					
INTEREST IN THE BUSINESS NATURE OF MY							
	1			l			
IF ANY OF PARTS	A THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE (required):	hgeCk	mi	DATE S	IGNED (required): 6/15/05			
		FILING IN	STRUCTIONS:				
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.		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		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			
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.		to that location. Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently 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.		appointment or of the beginning of employ- ment. 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. <i>Thereafter</i> , 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 posi-			
				tions.			
			e what category your position "Who Must File" Instructions	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.			