FORM 1	STATEM	ENT OF	2005			
Please print or type your name, mailing address, agency name, and position belo	W: FINANCIAL	INTERESTS				
LAST NAME FIRST NAME MIDD Robinson, George MAILING ADDRESS : P.O. Box 919	LE NAME :					
CITY : Boca Grande NAME OF AGENCY : Gasparilla Island Bridge Authority NAME OF OFFICE OR POSITION HE Board of Supervisors, Seat # 1 CHECK ONLY IF CANDIDATE	ZIP : COUNTY : 33921-0919 Lee ELD OR SOUGHT : OR NEW EMPLOYEE OR A		ID No Conf. Code P. Req. Code PDF 2005			
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): Image: Colspan="2">Image: Colspan="2">Colspan="2" Colspan="2" Colspan="2"						
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting perso NAME OF SOURCE SOURCE'S OF INCOME ADDRESS] DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
See Attached Schedule						
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to bu ADDRESS OF SOURCE	o businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, Lot, 870 East Railroad Ave, Boca (FILING INSTRUCTIONS for when and where to file this form are locat- 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.				

CE FORM 1 - Eff. 1/2006 (Continued on reverse side)

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			ADDRESS OF CREDITOR				
			•				
		10 (1) m					
PART F — INTERESTS IN SPECI	IFIED BUSINESSES		ons in certain types of businesse: BUSINESS ENTITY # 2	-			
NAME OF BUSINESS ENTITY	BUGINEOS		BUSINESS ENTITY # 2	-	BUSINESS ENTITY # 3		
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): May Kann DATE SIGNED (required): 5/34/2026							
FILING INSTRUCTIONS:							
WHAT TO FILE: After completing all parts of this signing and dating it, send bac sheet (pages 1 and 2) for filing. If you have nothing to report section, you must write "none" section(s). Facsimiles will not be accepted	form, including k only the first in a particular or "n/a" in that	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 perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)		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 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.			
NOTE: MULTIPLE FILING UNNEC Generally, a person who has file calendar or fiscal year is not re- second Form 1 for the same ye candidate who previously filed Fo of another public position must at 1 of his or her original Form 1 when	d Form 1 for a quired to file a ar. However, a orm 1 because least file a copy	State officers or a file with the Commis 15709, Tallahassee address: 3600 Mac 201, Tallahassee, Fi Candidates file th qualifying papers. To determine	specified state employees ssion on Ethics, P.O. Drawer , FL 32317-5709; physical lay Boulevard, South, Suite	fied state employees on Ethics, P.O. Drawer 32317-5709; physical oulevard, South, Suitemust file at the same time they file qualifying papers.Thereafter, local officers/employees, s officers, and specified state employees required to file by July 1st following o calendar year in which they hold their tions.category your positionFinally, at the end of office or employent			

ATTACHMENT for GEORGE ROBINSON

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2005

PART A PRIMARY SOURCES OF INCOME

NAME OF INCOME SOURCE

SOURCE'S ADDRESS

SOURCE'S PRINCIPAL ACTIVITY

ISPAT Inland Mining Co KV Oil & Gas Inc. United States Treasury Sale of Merck & Co stock General Electric Johnson & Johnson Virginia, MN Versailles, KY Washington, DC

Fairfield, CT New Brunswick, NJ Iron Ore Mining Gas Wells Government

Diversified Electronics Pharmaceuticals