FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2005

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME FIRST NAME MIDDLE NAME:	NAME OF REPORTING PERSON'S AGENCY		
Schilffarth Freo W			
MAILING ADDRESS: 15508 CAYSTAL LAKE DA	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):		
15508 CAYSTAL LAKE DA.			
North Ft Myers 33917 her CITY: ZP: COUNTY:	☐ LOCAL OFFICER ☐ STATE OFFICER☐ SPECIFIED STATE EMPLOYEE		
NORTH FT Myers 33917 her	LIST OFFICE OR POSITION HELD:		
CITY: ZfP: COUNTY:	L P A		
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD:			
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2005 AND THE LAST DATE I HELD THE PUBLIC			
OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS	Dec. 31- 2005. (Date must be prior to 12/31/05)		
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	OR U DOLLAR VALUE THRESHOLDS		
PART A PRIMARY SOURCES OF INCOME [Major sources of income NAME OF SOURCE SOUR ADDR ADDR	CE'S DESCRIPTION OF THE SOURCE'S		
Cope Conal Housens Dev. 1730B SEIL	17 PL CC 33980 how I wcome House Prov		
Social Security	Retinement		
300.47 520 400.7			
····			
PART B SECONDARY SOURCES OF INCOME [Major customers, c	lients, and other sources of income to businesses owned by reporting person]		
NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME	ADDRESS PRINCIPAL BUSINESS OF SOURCE		
BUSINESS ENTITY OF BUSINESS INCOME			
1/7			
	· games		
	· Suscen		
	@ 3 O		
PART C REAL PROPERTY [Land, buildings owned by the reporting po	FILING INSTRUCTIONS for when and where to file this form are locat-		
15508 Caystal Lake Dr 33917	ed at the bottom of page 2.		
15508 Caystal hake Dr 33917 205 Murefield Rel Buther Tem	33640 INSTRUCTIONS on who must file		
	this form and how to fill it out begin on page 3 of this packet.		
	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 I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
TYPE OF INTANGIBLE TAA	5/2 - Bank - Cope	oru C
SAVING ACET	Riversioz. Come	Cond. Personal
/	Fla Telen Jax 2	EL /
		F
		INAL
PART E — LIABILITIES [Major debts]	4	
NAME OF CREDITOR	ADDRESS	S OF CREDITOR
Chase - Credit Con!	NY	
Principal Montgoge	Chit. Montonge	
Kivension Bonk	Cape Cond 2" Mont	<u>, </u>
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]		
NAME OF BUSINESS	ENTITY # 1 BUSINESS ENTITY #	BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF	+ + + + + + + + + + + + + + + + + + + +	
BUSINESS ENTITY PRINCIPAL BUSINESS	1 xVX	
ACTIVITY POSITION HELD	/ 	
WITH ENTITY I OWN MORE THAN A 5%	<u></u>	
INTEREST IN THE BUSINESS NATURE OF MY		
OWNERSHIP INTEREST		
IF ANY OF PARTS A THROUGH F	ARE CONTINUED ON A SEPARATE SHE	EET, PLEASE CHECK HERE
SIGNATURE:	DATE :	SIGNED:
pall /		SIGNED: 1//28/08
FILING INSTRUCTIONS:		
WHAT TO FILE:	WHERE TO FILE:	ı
After completing all parts of this form on	Local officers: file with the Supervisor of	NOTE:
send back only the first sheet for filing (you need	Elections of the county in which you permanently reside. (If you do not permanently reside	If you are leaving office or employment during the first half of 2005, you may not
······································	in Florida, file with the Supervisor of the county where your agency has its headquarters.)	have filed Form 1 for 2004. In that case, this is not the last form you will file, even
WHEN TO FILE: At the end of office or employment each	State officers or specified state employ- ees: file with the Commission on Ethics, P.O.	though the Form 1F covers the final portion of your term of office or employment. You
local officer, state officer, and specified state	Drawer 15709, Tallahassee, FL 32317-5709;	will be required to file Form 1 for 2004 by July 1 of 2005.
form (Form 1F) within 60 days of leaving office	physical address: 3600 Maclay Boulevard, South, Sutie 201, Tallahassee, FL 32312.	July 1 01 2000.
or employment, unless you take another posi- tion within the 60-day period that requires you	To determine what category your position falls under, see the "Who Must File" Instructions	
to tile tinopoloj diecicelite op korm 1 or korm	on page 3.	

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