OK . COE Removed 2004 filing requirement							
		EMENT OF	2005				
FINANCIAL INTERESTS							
(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)							
LAST NAME - FIRST NAME - MIDDLE NAME:		NAME OF REPORTING PERSON'S AGENCY:					
SCHUETZ HREENE		South TRAIL FIRE Separtments					
MAILING ADDRESS: 5531 HALFAL AVE.		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):					
FORT MYERS, 33412 LEE		<ul> <li>LOCAL OFFICER</li> <li>SPECIFIED STATE EMPLOYEE</li> </ul>					
CITY: ZIP: CO	LIST OFFICE OR POSITION HELD: CHARTEL 175 PENSION BOORD TEUSTEC						
***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 AUGU, 2003 X, 2005 (Date must be prior to 12/31/05)							
HANNER OF CALCULATING REPORTABLE INTERESTS: CHAPTER 175 PLAN 15 NOW DEFUNCT. 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 S	TATEMENT REFLE	CTS EITHER (check one):					
COMPARATIVE (PERCENTAGE) THRESHOL	D\$		AR VALUE THRESHOLDS				
PART A PRIMARY SOURCES OF INCOME [Major s							
NAME OF SOURCE SOUR OF INCOME ADDR			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
SOLOW TRAIL FIRE DEPT. 5531 HALL FAL		VE. FTMYERS	FIRE PROTECTION + RESUL				
			TIDITION D				
PART B SECONDARY SOURCES OF INCOME [Maj NAME OF NAME OF MAJOR	SOURCES	ADDRESS	PRINCIPAL ACTIVITY OF SOURCE				
BUSINESS ENTITY OF BUSINESS'		OF SOURCE	AUTIVE VEOUNCE				
PART C REAL PROPERTY [Land, buildings owned by	the reporting perso	n]	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 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							
			<b>f</b> k	S. MA			
			~	VED AL			
				10/0%			
				* 1 /			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS	OF CREDIT	OR			
	~						
		· · · · · · · · · · · · · · · · · · ·					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	SS ENTITY # 1	or positions in certain types of BUSINESS ENTITY #	-	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	50 2						
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS				,			
ACTIVITY POSITION HELD							
WITH ENTITY							
INTEREST IN THE BUSINESS NATURE OF MY							
OWNERSHIP INTEREST							
IF ANY OF PARTS A THROUGH	F ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEA	SE CHECK HERE			
SIGNATURE: Allen Anutz DATE SIGNED: 5/24/05							
FILING INSTRUCTIONS:							
WHAT TO FILE:	WHERE TO FILE						
After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only the first sheet for filing (you need not return any of the instruction pages).	Local officers: file with the Supervisor of Elections of the county in which you perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)		NOTE: If you are leaving office or employment during the first half of 2005, you may not have filed Form 1 for 2004. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2004 by July 1 of 2005.				
WHEN TO FILE: At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office	State officers or specified state employ- ees: file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Sutie 201, Tallahassee, FL 32312.						
or employment, unless you take another posi- tion within the 60-day period that requires you to file financial disclosure on Form 1 or Form	To determine what category your position falls under, see the "Who Must File" Instructions on page 3.						

6.