FORM 1 STATEMENT OF				2005	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS					
LAST NAME FIRST NAME MIDDLE NAME :			DR OFFICE	,	
MAILING ADDRESS :	r		2 0.121		
1910 SEGTHUN				inde in a	
CAPE ORAL, FL- 33990 LIFE			8/12	A A A A A A A A A A A A A A A A A A A	
2.					
NAME OF AGENCY: LEE COUNTY (MUSQUE	TRIC	E Com	f. Code		
NAME OF OFFICE OR POSITION HELD OR SOUGHT :					
				BITTE	
CHECK ONLY IF 🔏 CANDIDATE OR 🗋 NEW EMPLOYEE OR APPOINTEE					
**BOTH PARTS OF THIS SECTION MUST BE COMPLETED** DISCLOSURE PERIOD:					
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, 2005 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 AR instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLEC			TS EITHER (check one):		
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOME			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
SCOTTAUCTIONSTRESPUSING 1226 BSE 9TH TR			AUCTION OF REAL		
	CAPE COPAL.		ESDATE PERSONAL		
			PROPHETY		
NAME OF NA					
BUSINESS ENTITY C		OF SOURCE		ACTIVITY OF SOURCE	
	AK		<u> </u>		
	$f \rightarrow f$				
PART C REAL PROPERTY [Land, building	n]	FILING INSTRUCTIONS for when and where to file this form are locat-			
1128 N. TAMIAMI TRALL NFORT MX285 Fr				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.		

PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE		c.] ITITY TO WHICH THE PROPERTY RELATES			
KIA					
		· · · · · · · · · · · · · · · · · · ·			
PART E — LIABILITIES [Major debts]					
NAME OF CREDITOR		ADDRESS OF CREDITOR			
INDY MACK BANK					
RIVERSIDE BANK	CAPE C	CAPE CORAL FL.			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
	ENTITY # 1 BUSINESS	S ENTITY # 2 BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	DUSTRESALL				
ADDRESS OF BUSINESS ENTITY	SEGTHTICAPE CORAL				
	OFALLTYRES				
	SIDENT				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST	INN				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
	1/1				
SIGNATURE (required):	not	DATE SIGNED (required):			
FILING INSTRUCTIONS:					
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE:			
After completing all parts of this form, including signing and dating it, send back only the first	If you were mailed the form by the Co	f you were mailed the form by the Commission Initially, each local officer/employee, state officer, and specified state employee must			
sheet (pages 1 and 2) for filing.	your annual disclosure filing, return the	our annual disclosure filing, return the form to file within 30 days of the date of his or her			
If you have nothing to report in a particular	Local officers/employees file with the S	at location. appointment or of the beginning of employ- ment. Appointees who must be confirmed by the Senate must file prior to confirmed by			
section, you must write "none" or "n/a" in that section(s).	of Elections of the county in which the nently reside. (If you do not permanen	ey perma- if that is less than 30 days from the date of their			
Facsimiles will not be accepted.	in Florida, file with the Supervisor of the where your agency has its headquarters	the county appointment.			
NOTE:	State officers or specified state en	must file at the same time they file their			
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a	file with the Commission on Ethics, P.C 15709, Tallahassee, FL 32317-5709;	O, Drawer			

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.

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.

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.