JUN-10-2005 14:07	DEPARTMENT OF STATI	E	850 245 6259 P.03		
FORM 1	STATEM	ENT OF		2004	
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS			
LAST NAME - FIRST NAME - MIDDL	E NAME :	FOR OF	MCE		
DEPLO NO.	Alle HALL	UŞE ON	LY:		
MAILING ADDRESS			_ `		
THE CONTRACTOR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	——————————————————————————————————————	ID Code	2 B 2	
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CITY:	ZIP: COUNTY:		ID No.	7 2	
NAME OF AGENCY:					
FI Dinord Son	en in the state of the state of the	the street	Comt Cod		
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT:		P. Req. Co	ode	
Francis Alvers	alaca				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR A	PPOINTEE		ିପ PDF 2004	
				PDF 2004	
	"BOTH PARTS OF THIS SEC	TION MUST BE COMPLETED	•		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	FINANCIAL INTERESTS FOR THE PI	RECEDING TAX YEAR, WHETH	HER BASED O	N A CALENDAR YEAR OR ON	
A FISCAL YEAR. PLEASE STATE BE	LOW WHETHER THIS STATEMENT IS	S FOR THE PRECEDING TAX \	PEAR ENDING	EITHER (check one):	
DECEMBER 31, 200	SPECIFY	TAX YEAR IF OTHER THAN T	HE CALENDA	R YEAR:	
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS	S THE OPTION OF USING REPOR , OR USING COMPARATIVE THRES	HOLDS, WHICH ARE USUALI	Y BASED ON	PERCENTAGE VALUES (see	
instructions for further details). PLEAS					
COMPARATIVE (PERCENTAG	E) THRESHOLDS	QR 🔼	DOLLAR VALU	JE THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S OF INCOME ADDRESS		RCES	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
The second second		and the second			
PART B SECONDARY SOURCES NAME OF	DF INCOME [Major customers, clients, NAME OF MAJOR SOURCES	and other sources of income to	businesses o	wned by the reporting person) PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
PART C ~ REAL PROPERTY (Land,	buildings owned by the reporting person	on)	FILING I	NSTRUCTIONS for when	
				to file this form are locat- bottom of page 2.	
1			INSTRU		
				bottom of page 2. CTIONS on who must file and how to fill it out begin	
			this form on page 3 OTHER	bottom of page 2. CTIONS on who must file and how to fill it out begin	

JON 10 2003 14-01 DC	HICHIEN OF ST	n 1 L	000	243 0233 1.04		
.PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	[Stocks, bonds, certific	ates of deposit, etc.) BUSINESS ENTITY TO WHI	CH THE PROPER	ITY RELATES		
The force of Land		e PHANEL				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r ritter best				
				<u> </u>		
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PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS (OF CREDITOR	2005 JU SUPERV		
TOWNE OF ONLINE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				-		
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PART F INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or positi	ions in certain types of businesses	i)	O		
BUSINESS	ENTITY#1	. BUSINESS ENTITY # 2		BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY				•		
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5%						
INTEREST IN THE BUSINESS NATURE OF MY				P		
OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE C	HECK HERE		
SIGNATURE (required):		DATE S	IGNED (required)):		
	FILING IN	STRUCTIONS:				
WHAT TO FILE:			WHEN TO I			
After completing all parts of this form, including signing and dating it, send back only the first				Initially, each local officer/employee, state officer, and specified state employee must		
sheet (pages 1 and 2) for filing.	for your annual disclosure filing, return the form file within		file within 30	days of the date of his or her of the beginning of employ-		
	Local officers/emp	oloyees file with the Supervisor	ment. Appoint	lees who must be confirmed by		
	of Elections of the	county in which they perma-	if that is less th	st file prior to confirmation, even an 30 days from the date of their		
NOTE:	in Florida, file with the Supervisor of the county where your agency has its headquarters.) Gandidate		appointment.	ana mandadhaka minada da 1922 da 🗲		
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a				or publicly-elected local office the same time they file their		
calendar or fiscal year is not required to file a		ission on Ethics, P.O. Drawer	qualifying pape	NS.		

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.

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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Thereafter, 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 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.

Statement of Financial Interests Sallie H. Seabury Intangible Property

STOCKS

BB&T Corp Baxter International Inc Bristol Myers Squibb Co **Kroger Company** Regions Financial Corp Republic Bancorp Inc KY Synovus Financial Corp Walmart Stores Inc

MUTUAL FUNDS

Charter Mac MLP Harbor Capital Appreciation Fund Dodge & Cox Stock Fund T. Rowe Price Science & Technology Fund Vanguard 500 Index Fund Vanguard Small Cap Index Fund Artisan International Fund

SUPERVISOR OF CLEORIUMS