FORM 1		STATEM	ENT OF			2005
Please print or type your name, malling address, spency name, and position below	-	FINANCIAL	INTERE	STS		
LAST NAME - FIRST NAME - MIDDL				FOR OFF		
SHAFER CYN	THIF	J		USE ONL	Y:	
MAILING ADDRESS: 15064 Boilaik	E	CIRCLE				<u>, </u>
					10 0	oda nija
GIV: FORT MYERS	ZIP :	= -			ID N),
NAME OF AGENCY:						
AFFORDABLE H:					Cont	, Code
NAME OF OFFICE OR POSITION HE					! P. Re	eq. Code
COMMITTEE ME	MIS E					•
CHECK ONLY IF CANDIDATE	OR	NEW EMPLOYEE OR A	PPOINTEE			PDF 2005
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE OECEMBER 31, 200 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS tratuctions for further details). PLEASE COMPARATIVE (PERCENTAGE) PART A - PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME LANAWA RESALTY	FINANCE LOW WI STABLE STHE STHE STATE E) THRE	HETHER THIS STATEMENT IS OB SPECIFY INTERESTS: OPTION OF USING REPOR SING COMPARATIVE THRES E BELOW WHETHER THIS ST ESHOLDS [Major sources of income to the sources of income to the sources.]	RECEDING TAX YEAR FOR THE PRECED TAX YEAR IF OTHE TAX YEAR IF OTHE HOLDS, WHICH AR ATEMENT REFLECTOR PROPERTY P	IR, WHETHE BING TAX YE ER THAN TH IS THAT AF IE USUALLY TS BITHER V D	EAR EN RE ABS / BASE (check of OLLAR DEE PR	DING EITHER (check one): ENDAR YEAR: OLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see
				3573/		
						
PART B - SECONDARY SOURCES IN NAME OF BUSINESS ENTITY	ME [Major customers, clients, and other sources of E OF MAJOR SOURCES ADDRESS' INCOME OF SO		RESS		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NONE						
·						
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					and w	IG INSTRUCTIONS for when here to file this form are locat- the bottom of page 2.
					INST this to on pay	RUCTIONS on who must file orm and how to fill it out begin go 3. ER FORMS you may need to
					file an	e described on page 6.

ART 0 — INTANGIBLE PERBO TYPE OF INTANG		s, bonds, certifica	ites of deposit, sic.) Business entity to which th	E PROPERTY RELATES			
MUTUAL FUNDS -	AMERICAN						
FD 1385		RAYMOND TAMES & ASSOCIATES - COSTOBIAN					
BADE OF AMERICA	- Publicky						
TRADED STOCK		RAYMODD TAMES & ASSOCIATES - COSTODIAN					
PART E LIABILITIES (Major debts) NAME OF CREDITOR		ADDRESS OF CREDITOR					
FIRST HOKIZON HOME LOAN CORN		4000 HORIZON WAY IRVING TX 75083					
					7		
				,			
		-					
·					ia. CO		
Part F — interests in speci	FIED BUSINESSES (OV	wnership or positio	ns in certain types of businesses)				
	Business entr	TY#1]	Business entity # 2	. BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	とこう						
ADORESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY	,						
OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST							
IF ANY OF PARTS	A THROUGH F ARE	CONTINUE	ON A SEPARATE SHEET, P	LEASE CHECK HERE	•		
SIGNATURE (required):	ignif Shife		DATE SIGNED	(required): X 1/31/07			
	Ψ _{FII}	ING INS	TRUCTIONS:				

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filling.

If you have nothing to report in a particular section, you must write "none" or "rva" in that section(s),

Faceimiles will not be accepted,

NOTE:

MULTIPLE FILING UNNECESSARY:
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 enother public position must at least file a copy of his or her original Form 1 when qualifying.

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 permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Talishassee, FL 32317-5709; physical address: 3600 Marriay Boulevard, South, Suite 201, Talishassee, 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.

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 employment. 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.

Candidates for publicly-elected local effice must file at the same time they file their qualifying papers.

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 post-tions.

Finally, at the end of office or employment, each local office/temployee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 80 days of leaving office or employment.