FORM 1	STATEM	ENT OF	/ 2005	1
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		
LAST NAME FIRST NAME MIDDLE SHEEHAN, JANET MAILING ADDRESS! 2156 Stevenson	NAME: KAY Rd.	FOR OFF USE ONL	LY:	
Fort Myers	33917 See ZIP: COUNTY: of Coverty Conne Tor O OR SOUGHT:	ssioners	ID Code ID No. Conf. Code P. Req. Code	06.JUN16PM0752.SOELeeCoF1
CHECK ONLY IF CANDIDATE	DR NEW EMPLOYEE OR A	PPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FI A FISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2005 MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (instructions for further details). PLEASE COMPARATIVE (PERCENTAGE)	OW WHETHER THIS STATEMENT IS OR SPECIFY ABLE INTERESTS: THE OPTION OF USING REPOR OR USING COMPARATIVE THRESI STATE BELOW WHETHER THIS ST	RECEDING TAX YEAR, WHETHING FOR THE PRECEDING TAX YEAR IF OTHER THAN THE THING THRESHOLDS THAT AF HOLDS, WHICH ARE USUALLY ATEMENT REFLECTS EITHER	HER BASED ON A CALENDAR YEAR OF YEAR ENDING EITHER (check one): HE CALENDAR YEAR: RE ABSOLUTE DOLLAR VALUES, W Y BASED ON PERCENTAGE VALUES	/HICH
PART A PRIMARY SOURCES OF INC NAME OF SOURCE	OME [Major sources of income to the SOU	ne reporting person]	DESCRIPTION OF THE SOURCE'S	
See County BOCC		RESS Nyero 33902-039	98 annual salary	
KTB Sports	Floreda Everbla	des - Gernain au	ere - Part time	
,	11000 Everblades	des - Sernain, and Parkerey, Estere	žl. 33928	
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to be ADDRESS OF SOURCE	businesses owned by the reporting personal PRINCIPAL BUSINESS ACTIVITY OF SOURCE	s
n/A				
PART C REAL PROPERTY [Land, bu	1]	FILING INSTRUCTIONS for and where to file this form are lo ed at the bottom of page 2.		
			INSTRUCTIONS on who must this form and how to fill it out be on page 3.	
			OTHER FORMS you may need file are described on page 6.	d to

PART D — INTANGIBLE PERSO TYPE OF INTANG				H THE PROPERTY RELATES		
Surceast Schools	- Crede & Union	Chealicia.	, money market,	CD's Jaire		
		7	, , ,			
Maco, Pelace-		Referred	Compensation	plan		
		0		·		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
nla			<u></u>			
						
						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTI	TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	n/A					
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):	t Kay Sheeh			NED (required): 5 - 31 - 06		
FILING INSTRUCTIONS:						

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 filing.

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

Facsimiles 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 another 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, 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.

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 office 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 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.

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