FORM 1	STATEMENT OF	2004		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS			
LAST NAME FIRST NAME MIDDLE NAME SING - SIERRILL MAILING ADDRESS:	FOR OF USE ON	ILY:		
POST OLICE E	OX 145	SUPER R		
11428 OLD K	odge LANE	SUPERVISORUI		
CITY: CRPTTYD F	33924 LEE	ID No.		
NAME OF AGENCY:	Prevention District	Com. Code		
NAME OF OFFICE OR POSITION HELD OR S	OUGHT:	P. Req. Code		
CHECK ONLY IF CANDIDATE OR	☐ NEW EMPLOYEE OR APPOINTEE			
BOTH PARTS OF THIS SECTION MUST BE COMPLETED				
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):				
	OR SPECIFY TAX YEAR IF OTHER THAN T	HE 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 ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):				
COMPARATIVE (PERCENTAGE) THRE	[Major sources of income to the reporting person]	DOLLAR VALUE THRESHOLDS		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
YIP REALTY, INC	POBOX 550, CAPHYA, F733923	1 REAL ESTATE SOLES		
	·			
NAME OF NAMI	ME [Major customers, clients, and other sources of income to E OF MAJOR SOURCES ADDRESS	businesses owned 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] FILING INSTRUCTIONS for what and where to file this form are located at the bottom of page 2.				
- Toward Groupe, \$57	3901, CAPAR COLANIA J. 3901	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 PERSOI TYPE OF INTANGI	•	, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH TH	E PROPERTY RELATES		
BRAK RECOUNT	1:CAP WA	PAYIN SECURITES	•		
ELUDIMODIL	Stock. WA	MOVIA SECULLY HE	5		
GENERAL ELOCH	210 Stock "	//			
THERING PLOUGH	Stock "	' //	· ·		
UNITED DOMIN	VANRATIVE 1	//			
CONTINUED ON	SEOPPORE	PAN -			
PART E — LIABILITIES [Major de					
NAME OF CREDITOR ADDRESS OF CREDITOR					
Mortgage Chrise Manhatlan Mortgage Corp. POBOX 79046, PHOENIX,					
	AZ	85062			
Home Equitarline	-BRAGE MAR	ERICA, SANIBEL AS	3957		
PART F — INTERESTS IN SPECIF	TED BUSINESSES [Ownership	or positions in certain types of businesses]			
	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 OWNERSHIP INTEREST					
IF ANY OF PARTS A	THROUGH F ARE CON	TINUED ON A SEPARATE SHEET, PI	EASE CHECK HERE		
SIGNATURE (required):		DATE SIGNED	(required):		
Signature (required): Dintard Simo 4/18/05					
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 filling.

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.

CE FORM 1 - Eff. 1/2005 PAGE 2

Sherrill BINJORD SIMS-FINDREIDS INTRESTS PART D- INTRINGIBLE PERSONAL PROPERTY CONTINUED

CORPORATE BONDS WEBSTER BRAL CD
LEHMAN BKOS. BRALCD
ADYRNTA BRALCORPED
WACKSIN BRALSHP CD
MUTURL FUNDS
OPPENHEIMER SR

YRRIGHE BOND STRITEGIC BOND STRIFIXED GURE. FEDERATED HI INC. OPPENDEINER CAP APPIC RIM PREM. EGULYTHD

SELF DIRCCTED TROPER INC

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