FORM 1	STATEMENT OF	2004					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	ESTS					
MAILING ADDRESS :	tricia J Live Court	FOR OFFICE USE ONLY:					
CITY: Sunibe / ZIP Sunibe / 33 NAME OF AGENCY: City of Sanib	: COUNTY: 957 LEG		lo.				
NAME OF OFFICE OR POSITION HELD OR S  P (4 11 11 11 14 14 14 14 14 14 14 14 14 14	NEW EMPLOYEE OR APPOINTEE	I P.R 	eq. Code				
**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):  DECEMBER 31, 2004  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  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) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS							
	[Major sources of income to the reporting person] SOURCE'S		VALUE THRESHOLDS  SCRIPTION OF THE SOURCE'S				
OF INCOME	8060 Collage Plans 1-t		RINCIPAL BUSINESS ACTIVITY ろうツァクトント				
Contact: John Schlichting 239-489-0100	Stocks , ber		Invertores to				
Granning Linking, 7881	1147 Golden Clive (+	Saribel					
		R	tail art day, play				
NAME OF NAM	ME [Major customers, clients, and other sources of E OF MAJOR SOURCES ADDRIF BUSINESS' INCOME OF SOL	ESS	ses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
47.6							
- NA							
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.				
7 / Д		INST this fo on pa	RUCTIONS on who must file orm and how to fill it out begin				

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certific	ates of deposit, BUSINESS	etc.] ENTITY TO WHICH THI	E PROPERT	Y RELATES
See Part	4					
/	ands					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
NA		_0 -				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTI	TY # 1	BUSIN	ESS ENTITY # 2		BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Grunwag	Entar	111585			
ADDRESS OF BUSINESS ENTITY	1147 Golde	a Clive	( t-	Sanibe/	1-4	3395 F
PRINCIPAL BUSINESS ACTIVITY	Retail art	Ja 185				
POSITION HELD WITH ENTITY	Owner					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	(/4)	_				
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): 3/7/05						
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 filing.

### 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.