FORM 1		STATEMENT OF				2004
Please print or type your name, mailing address, agency name, and position belo	w:	FINANCIAL	INTERE	ESTS		1
LAST NAME FIRST NAME MIDDLE NAME : STANTON DENSE MAILING ADDRESS : ISON MONJOC ST FT M4 evs FL 33901 Lee CITY : ZPE COUNTY DAAL OF OUNTY COMPANIES IN MED NAME OF AGENCY : STANDAL OF OFFICE OR POSITION HELD OR SOUGHT : CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE 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): DECEMBER 31, 2004 OR SPECIFY TAX YEAR IF OTHER THAN THE 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): OR ONPARATIVE (PERCENTAGE) THRESHOLDS OR ONPARATIVE OPERCENTAGE) THRESHOLDS ON						
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PART C REAL PROPERTY, [Land, buildings owned by the reporting person]					FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	
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To determine what category your position falls under, see the "Who Must File" Instructions

on page 3.

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