FORM 1 F		NAL STA' NANCIAL	TEMENT ØI INTEREST	NAI	2006
(TO BE FILED V	VITHIN 60 I	DAYS OF LEAV	ING PUBLIC OFF	TE OR EMPL	DYMENT)
LAST NAME — FIRST NAME — MICE TO BER MAILING ADDRESS: 74636 ROKEELIN 3 CITY: ZIP:	DOLE NAME: ANNO	PINE LEET COUNTY:	NAME OF REPORTING P	DLLOWING (see "Who CER STATE STATE EMPLOYEE	OFFICER
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FOUR OFFICE OR EMPLOYMENT DESCR MANNER OF CALCULATING RITHE LEGISLATURE ALLOWS FILER FEWER CALCULATIONS, OR USIN further details). PLEASE STATE BELLOMPARATIVE (PER	INANCIAL INTER IBED ABOVE, WI EPORTABLE IN S THE OPTION OI G COMPARATIVE LOW WHETHER I	ESTS FOR THE PERI HICH DATE WAS ITERESTS: F USING REPORTING E THRESHOLDS, WH THIS STATEMENT RE	THRESHOLDS THAT ARE AND ICH ARE USUALLY BASED OF FLECTS EITHER (check one	2006 AND THE LAST 2006. (Date of the control of the	must be prior to 12/31/06)
PART A PRIMARY SOURCES NAME OF SOURCE OF INCOME	OF INCOME [A	Major sources of incom SOUR ADDF	RCE'S	1	OF THE SOURCE'S SINESS ACTIVITY
SOCIAL SECUL ABBOILLARS S	CTIVE TOKK 1	V CHICA	60, I.ci	THAR MH	Š CEVTII CALS FI FI
					- <u></u>
PART B SECONDARY SOURCE NAME OF BUSINESS ENTITY NOW F	NAME OF NOT BUSI	NE [Major customers, of MAJOR SOURCES NESS' INCOME	clients, and other sources of ir ADDRESS OF SOURCE	Į P	owned by reporting person] PRINCIPAL BUSINESS CTIVITY OF SOURCE
	 				

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

HOME IN WHICH I LIVE

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.

OTHER FORMS you may need to file are described on page 6.

PAF D — INTANGIBLE PERSONAL PROF	PERTY [Stocks, bonds, cert	ificates of deposit, etc.] BUSINESS ENTITY TO WH	ICH THE PROPERTY RELATES				
VANEVARD FLORIDA INSU		VAL FUND					
BOND FUND							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	1	ADDRESS OF CREDITOR					
WON E							
				·····			
	· · · · · · · · · · · · · · · · · · ·						
PART F — INTERESTS IN SPECIFIED BUS		positions in certain types of BUSINESS ENTITY #					
BUSINESS ENTITY # 1		BUSINESS ENTITY	BUSINESS ENTITY # 3				
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 CONTINUED C	ON A SEPARATE SHE	ET, PLEASE CHECK HERE				
SIGNATURE:		DATES	SIGNED:				
Man Ly	ther	DATE SIGNED:					
	FILING INST	RUCTIONS:					
WHAT TO FILE:	WHERE TO FILE:		If you are leaving office or employment				
After completing all parts of this form on pages 1 and 2, including signing and dating	Local officers: file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside		during the first half of 2006, you may have filed Form 1 for 2005. In that c	ase,			
it, send back only the first sheet for filing (you need not return any of the instruction pages).	in Florida, file with the S	Supervisor of the county	this is not the last form you will file, enthough the Form 1F covers the final policy.	tion			
Facsimiles will not be accepted.	where your agency has i State officers or s	ts headquarters.) pecified state employ-	of your term of office or employment. You will be required to file Form 1 for 2005 by				
WHEN TO FILE: At the end of office or employment each local officer, state officer, and specified state	ees: file with the Come Drawer 15709, Tallaha physical address: 3600 M	ssee, FL 32317-5709; Maclay Boulevard, South,	July 1 of 2006.				
employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office	Sutie 201, Tallahassee, F	FL 32312. category your position					
or employment, unless you take another posi- tion within the 60-day period that requires you to file financial disclosure on Form 1 or Form	falls under, see the "Wh on page 3.						
l e	NOTE:						