FORM 1		2006				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	INTEREST	S			
LAST NAME FIRST NAME MIDDLE NAM TAYLOR ROBERT M			OFFICE ONLY:	.07JL		
MAILING ADDRESS: 13451 MCREGOR BI	/_	Code M1231 SOE Lee Co F				
FT MYERS 33	FT MYERS 33919 LEE					
CITY : ZIF			IDI			
AME OF AGENCY 2. ANRONT SPECIAL MANAGE 2. SOUTHWEST FURDA EXPRESS	TEMENT COMMITTEE		Cor	if. Code		
NAME OF OFFICE OR POSITION HELD OR BOBAD MEMBER of FAC	SOUGHT :		P. R	keq. Code		
You are not limited to the space on the lines on t CHECK ONLY IF CANDIDATE OR	his form. Attach additional sheets					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANC A FISCAL YEAR. PLEASE STATE BELOW WI DECEMBER 31, 2006 MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR US instructions for further details). PLEASE STATE COMPARATIVE (PERCENTAGE) THRE	HETHER THIS STATEMENT IS <u>OR</u> D SPECIFY INTERESTS: OPTION OF USING REPOR SING COMPARATIVE THRESH E BELOW WHETHER THIS ST.	ECEDING TAX YEAR, WHE FOR THE PRECEDING TA) TAX YEAR IF OTHER THAN TING THRESHOLDS THAT HOLDS, WHICH ARE USUA	THER BAS YEAR EN THE CALE ARE ABS LLY BASE ER (check (DING EITHER (check one): ENDAR YEAR: OLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see		
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ROBBASTUCKY LIMITED	Fr my GRS, FL	RE33		RINCIPAL BUSINESS ACTIVITY		
MARINER ADVUGRY STONP	FJ MYERS, FL		CON	5115726		
FORJUME HOJELS, INC	ST REJERSBUNG	, h	RES	RESORT HOJEL		
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PART C REAL PROPERTY [Land, building	s owned by the reporting perso	n]	and w	IG INSTRUCTIONS for when here to file this form are locat- the bottom of page 2.		
· / · /	INST	RUCTIONS on who must file orm and how to fill it out begin				
		····		ER FORMS you may need to e described on page 6.		

PART D — INTANGIBLE PERSO TYPE OF INTANG				H THE PROPERTY RELATES
LIMITED PARSWERS	the wiss	ROBB + SJ	UCKY, LIMIJE	D
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PART E — LIABILITIES [Major of NAME OF CREE		1	ADDRESS OF	
N/A				
PART F INTERESTS IN SPECI	FIED BUSINESSES [C	wnership or positions in	certain types of businesses]	
	BUSINESS ENT	TITY # 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	A THROUGH F AR	E CONTINUED ON	A SEPARATE SHEET	, PLEASE CHECK HERE
SIGNATURE (required):	lms	Anny	DATE SIG	NED (required): 20 JUN 07
	FI	LING'INSTE	RUCTIONS:	
WHAT TO FILE:		HERE TO FILE:	m by the Commission	WHEN 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 gualifying.

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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.

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.



SHARON L. HARRINGTON SUPERVISOR OF ELECTIONS LEE COUNTY - FLORIDA FACSIMILE COVER

12

NUMBER OF PAGES INCLUDING COVER SHEET:

DATE	11/16/2006	\overline{N}_{0}
ATTENTION	Michael Van Sickler	Maria.
COMPANY	St. Peter Times	MARCH AND
TELEPHONE#	813-2263402	16/4
FACSIMILE #	813-226-3381	~

FROM	BERNIE FELICIANO
	QUALIFYING OFFICER
DIRECT#	239-533-6304
MAIN#	239-LEE VOTE OR 239-533-8683
FACSIMILE#	239-533-6310
EMAIL	bfeliciano@leeelections.com

Form 1 Statement of Financial COMMENT(S): nerest 2000-2005 for ! Robert M. Taylor lease note: Mr. Taylor's filings egin in 2002.

FORM 1		STATEM	ENT OF			2005
Please print or type your name, mailing address, agency name, and position below		FINANCIAL	INTERE	STS		
LAST NAME FIRST NAME MIDDL TAYLOR ROBER MAILING ADDRESS :		M		FOR OFF USE ONI		ode
	RE	givd ste 27				ode O
	ZIP :	COUNTY :				Cael]
FT MYERS	3	3919 LE			ID No	
NAME OF OFFICE OR POSITION HEI	DORS	RIDA EXPRESSION	אשנואונאוט ני			Code
BOARD MEMBI					v	
	OR		PPOINTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BEI	FINANCI	ETHER THIS STATEMENT IS	RECEDING TAX YEA	R. WHETH	ER BAS EAR EN	ED ON A CALENDAR YEAR OR ON DING EITHER (check one):
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THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	S THE (OR US	OPTION OF USING REPOR ING COMPARATIVE THRES	HOLDS, WHICH AR	E USUALL	Y BASE	D ON PERCENTAGE VALUES (see
			OR		OLLAR	VALUE THRESHOLDS
PART A PRIMARY SOURCES OF II NAME OF SOURCE OF INCOME	ICOME	SOU ADD	RCE'S RESS			SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
ROBB + STUCKY LLLC		ASSO PUNTIONO FT MYERS, FL	33912			HL FURNOURE SALES
MARINER DONIJORY GRO	WP	13451 MCGAEGOV FT MYGRS, FL	33919	<u> </u>	Cor	ымсэт»б
	1					
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, E OF MAJOR SOURCES ⁵ BUSINESS' INCOME	and other sources of ADDR OF SO	RESS	business	PRINCIPAL BUSINESS
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PART C REAL PROPERTY [Land,	buildings	owned by the reporting perso	n]		and w	IG INSTRUCTIONS for when here to file this form are locat- the bottom of page 2.
MONE						RUCTIONS on who must file orm and how to fill it out begin ge 3.
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PART D — INTANGIBLE PERSON TYPE OF INTANGIE				CH THE PROPERTY RELATES
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				• •
PART E — LIABILITIES [Major d NAME OF CRED			ADDRESS O	DF CREDITOR
COLONIAL BANK	-	FJ MYERS	4L	
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····				1
PART F INTERESTS IN SPECIF	FIED BUSINESSES [Ownership or positions in cer	tain types of businesses]]
1	BUSINESS EN	TITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	MONE			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS		· ·		
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		~	· · · · · · · · · · · · · · · · · · ·	
NATURE OF MY OWNERSHIP INTEREST			www.exe.com	
IF ANY OF PARTS	THROUGH F AI		SEPARATE SHEE	ET, PLEASE CHECK HERE
SIGNATURE (required):	ms	and	DATE SI	GNED (required): $6] 2 9 0 6$
	F	LING/INSTR	UCTIONS:	
WHAT TO FILE: After completing all parts of this signing and dating it, send back sheet (pages 1 and 2) for filing. If you have nothing to report section, you must write "none" of section(s).	form, including k only the first in a particular or "n/a" in that	AHERE TO FILE: f you were mailed the form on Ethics or a County Super your annual disclosure filing hat location. Local officers/employees fil of Elections of the county in mently reside. (If you do not n Florida, file with the Supe	visor of Elections for , return the form to e with the Supervisor which they perma- permanently reside	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 employ- ment. 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.
Facsimiles will not be accepted	- ·	where your agency has its he	eadquarters.)	Candidates for publicly-elected local office

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.

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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.

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.

FORM 1	STATEMENT OF	2004		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	STS DILLE (m)		
LAST NAME FIRST NAME MIDDLE N TAYLOR ROBERT N		FOR OFFICE USE ONLY:		
Mailing address: 1345) M ^C GREGOR	C SUBJECTION SUB			
Suite 27				
FT MYERS 3	ZIP: COUNTY: 3919 LEE			
	ANDGEMENT COMMITTEE	Contract ELECTIONS IN		
NAME OF OFFICE OR POSITION HELD OF COMMITTEE MEMBE		P. Req. Cool		
		COPY		
DECEMBER 31, 2004 MANNER OF CALCULATING REPORTAGE THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, OI	BLE INTERESTS: HE OPTION OF USING REPORTING THRESHOLDS RUSING COMPARATIVE THRESHOLDS, WHICH ARE TATE BELOW WHETHER THIS STATEMENT REFLECT	R THAN THE CALENDAR YEAR: THAT ARE ABSOLUTE DOLLAR VALUES, WHICH USUALLY BASED ON PERCENTAGE VALUES (see		
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
MARYER ADVISORY GROUP	FT MYERS, FL	DEVENSMENT CONSULTING		
- ROBB + STUCKY PARTHERS H	P FS MYERS, FL	REDAL FURNISME BULINESS		
	NCOME [Major customers, clients, and other sources of NAME OF MAJOR SOURCES ADDRE OF BUSINESS' INCOME OF SOU	SS PRINCIPAL BUSINESS		
PART C REAL PROPERTY [Land, built	lings owned by the reporting person]	FILING INSTRUCTIONS for when and where to file this form are locat-		
LOT 22 MONTEVERDI 95	reagainstree F5 myters, fi	ed at the bottom of page 2.		
· · · · · · · · · · · · · · · · · · ·	·	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 PERSO	NAL PROPERTY [Stock BLE	ks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHI	ICH THE PROPERTY RELATES		
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PART E - LIABILITIES TMajor c NAME OF CRED]	ADDRESS OF CREDITOR			
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PART F INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or positi	ons in certain types of businesses	is]		
	BUSINESS ENT	ITY # 1	BUSINESS ENTITY # 2	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 CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):	Myst	m	> DATE S	SIGNED (required): JVN 27, 2005		
	FII	LING IN	STRUCTIONS:			
WHAT TO FILE: After completing all parts of this signing and dating it, send bac sheet (pages 1 and 2) for filing.	form, including If y k only the first on for to	HERE TO FIL you were mailed Ethics or a Cou your annual disc that location.		WHEN TO FILE: Initially, each local officer/employee, stat officer, and specified state employee mus- file within 30 days of the date of his or he appointment or of the beginning of employ- ment. Appointees who must be confirmed b		
	of	Elections of the	county in which they perma-	the Senate must file prior to confirmation, eve if that is less than 30 days from the date of the		

NOTE:

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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.

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appointment.

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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.

FORM 1		STATEM	ENT OF			- 2003
Please print or type your name, mailing address, agency name, and position bei	ow:	FINANCIAL	INTERE	STS		s 2
LAST NAME - FIRST NAME - MIDE TAYLOR ROBERT		RRIS		FOR O		RECEI 2004 AUG 19 SUPERVISU
MAILING ADDRESS: 15736 GUGNISLE	WAY	1		× A		RECEN 2001, AUG 19 SUPERVISOR
FT MYERS, FL	ZIP	COUNTY :		Ń		PH 4:
AIRPORT SPECIAL M.	ANDE	fement comm	TEE			1045
COMMITTEE MEN	BFR				Conf.	Code
NAME OF OFFICE OR POSITION HI	ELD OR S	OUGHT :			P.Re	q. Code
	1	NEW EMPLOYEE OR APPOIN	ITEE			
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, 2003 OB 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):					DING EITHER (check one): NDAR YEAR: DLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see ne):	
			OR		DOLLAR	ALUE THRESHOLDS
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME		SOU	ne reporting person] RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
ROBB + STUCKY, LTD		SCIEVERAND ATE 1	FT MY GRS, F	rA	REDA	I FURNITURE SALES
MARINER DOVISORY GR	oyp	1345) MEGREGOR BLVD	FT MY FRS, F	r_	Cor	INDOLE SULVIUES
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PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of ADDRE OF SOU	ESS	businesse	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
ROBB + STUCKY, LTD	NA		S. CLEVELAND B	vf fja	ny fry se	REPAIL FURNITURE SALET
PART C REAL PROPERTY [Land,			n]		and wh	G INSTRUCTIONS for when here to file this form are locat- he bottom of page 2.
ROBBO JUNGLY FURNITURE	<u>١٩٢ - ٢</u>	T, KCOLENKE MI			INST	RUCTIONS on who must file rm and how to fill it out begin
						R FORMS you may need to described on page 6.

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certific	ates of deposit, etc.]	
LIMITED PARTMANSHIP		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
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PART E — LIABILITIES [Major NAME OF CREE			ADDRESS OF C	REDITOR
N/A				
			·	
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [Ov	vnership or positi	ons in certain types of businesses]	
	BUSINESS ENTI	TY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	COLONIAL BA	J MK	·	
ADDRESS OF BUSINESS ENTITY	BONING SPRON	55, FL		
PRINCIPAL BUSINESS ACTIVITY	COMMERCIAL			
POSITION HELD WITH ENTITY	BOARD MEMB BOVISORY B	(RAND		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS	A THROUGH F ARE		D ON A SEPARATE SHEET,	PLEASE CHECK HERE
SIGNATURE (required):	Alper	rm	DATE SIGNE	D (required): 16 JMG 04

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.

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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:

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FORM 1	STATEMENT OF		/ 2003
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	STS [
LAST NAME FIRST NAME MIDDLE NAM TAYLOR ROBERT M MAILING ADDRESS :		FOR OFFICE USE ONLY:	
15736 GLEWISLE WAY			<u></u>
FJ MYERS, FL CITY: ZIF ARRORT SPECIAL Y	ID Code ID No. Conf. Code P. Req. Code D D D D D D D D D D D D D D D D D D D		
NAME OF AGENCY: COMMITTEE MEMBER			onf. Code
NAME OF OFFICE OR POSITION HELD OR		P.	Req. Code
	NEW EMPLOYEE OR APPOINTEE		10115
A FISCAL YEAR. PLEASE STATE BELOW W DECEMBER 31, 2003 MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR U instructions for further details). PLEASE STAT	OPTION OF USING REPORTING THRESHOLDS ISING COMPARATIVE THRESHOLDS, WHICH ARE TE BELOW WHETHER THIS STATEMENT REFLECT	R, WHETHER B/ NG TAX YEAR B R THAN THE CA S THAT ARE A USUALLY BAS S EITHER (chec	ENDING EITHER (check one): LENDAR YEAR: BSOLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES (see k one):
	ESHOLDS <u>OR</u>	DOLLA	R VALUE THRESHOLDS
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
ROBB + STUCKY LIMITED	FT MYFRS, FL	RE	MAL FURMITURE SALES
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NAME OF NAM	OME [Major customers, clients, and other sources of i ME OF MAJOR SOURCES ADDRE OF BUSINESS' INCOME OF SOU	SS	PRINCIPAL BUSINESS
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PART C REAL PROPERTY [Land, building	s owned by the reporting person]	and	ING INSTRUCTIONS for when where to file this form are locat- it the bottom of page 2.
		this	TRUCTIONS on who must file form and how to fill it out begin bage 3.
			HER FORMS you may need to are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [St TYPE OF INTANGIBLE	ocks, bonds, certificate	es of deposit, etc.] BUSINESS ENTITY TO WHI	ICH THE F	
schube depount	PERSONAL	Howney .		
ROBET STUCKY PARAMERSIAN SWAR		JONCKY LOMI	260	
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS	OF CRED	NTOR
COLONIAL BANK	BONJA	A SPRANGS, FA		
			· •	
				······································
	-			
		····· <u>································</u>		
PART F — INTERESTS IN SPECIFIED BUSINESSES	Ownership or position	in certain types of businesses	:1	
BUSINESS EN		BUSINESS ENTITY # 2	-	BUSINESS ENTITY # 3
NAME OF			·	
BUSINESS ENTITY ADDRESS OF DUSINESS CALITY				
PRINCIPAL BUSINESS		·····		· · · · · · · · · · · · · · · · · · ·
ACTIVITY POSITION HELD				
I OWN MORE THAN A 5%		······································		
INTEREST IN THE BUSINESS NATURE OF MY				<u> </u>
			I	
IF ANY OF PARTS A THROUGH F A		ON A SEPARATE SHE	ET, PLE	
SIGNATURE (required):	and	DATE S	IGNED (re	equired): 28 JVN 04
	LING INS'	TRUCTIONS:		
	WHERE TO FILE			N TO FILE:
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a Count or your annual disclo o that location.	e form by the Commission ty Supervisor of Elections osure filing, return the form	officer, within appoint	y, each local officer/employee, state and specified state employee must file 30 days of the date of his or her tment or of the beginning of employ- Appointees who must be confirmed by
NOTE: MULTIPLE FILING UNNECESSARY:	of Elections of the connently reside. (If you	yees file with the Supervisor ounty in which they perma- do not permanently reside e Supervisor of the county as its headquarters.)	the Senate must file prior to confirmation, if that is less than 30 days from the da their appointment. Candidates for publicly-elected local	
calendar or fiscal year is not required to file a second Form 1 for the same year. However, a		becified state employees ion on Ethics, P.O. Drawer L 32317-5709.	qualifyi	ile at the same time they file their ng papers. after, local officers/employees, state
candidate who previously filed Form 1 because of another public position must at least file a copy		form together with their	officers, and specified state employees, stat required to file by July 1st following eac calendar year in which they hold their pos	
		what category your position Who Must File" Instructions	tions.	a you in which they note their pool

on page 3.

FORM 1	STATEMENT O	F 2002					
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS							
MAILING ADDRESS	orris	FOR OFFICE USE ONLY: PM 9-5-03					
	IP: COUNTY:	LEE CO. PORT AUTH.	- H.				
ARPORT SPECIAL N	13912 LEF NANGGEMENT DOMMITTEE	ID NO. SUPPERVISOR RECE Conf. Code P. Req. Code P. Req. Code					
NAME OF OFFICE OR POSITION HELD C COMMINEE MEMBE							
	NEW EMPLOYEE OR APPOINTEE	LECT H 12:					
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, 2002 OR DECEMBER 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							
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting perso SOURCE'S ADDRESS	on] DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
ROBB + STUCKY LIMITED	FJ MYERS, FL	RETAIL FURNITURE BWINELS					
		es of income to businesses owned by the reporting person] DDRESS PRINCIPAL BUSINESS SOURCE ACTIVITY OF SOURCE	S				
PART C REAL PROPERTY [Land, build	ings 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.					
		OTHER FORMS you may need to file are described on page 6.					

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE J BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
SCHWAB ACCOUNT	PERSONAL HOLDINGS .					
ROBBISTUCKY PARINE	ROBE + STUCKY LIMIJED					
· · · · · · · · · · · · · · · · · · ·	·					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
COLONIAL BANK		BONITA SPRINGS, FL				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENT	ITY # 1	BUSINES	S ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY		i				
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):	Alys	Arrid		DATE SIGNED (required): 1 SEP D3	
FILING INSTRUCTIONS:						
WHAT TO FILE:	W	HERE TO FIL	.E:	WHE	EN 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 gualifying.

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.

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.

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.

