FORM 1		STATEM	ENT OF		2005		
Please print or type your name, mailing address, agency name, and position below	_{v:} F	INANCIAL	INTEREST	$s \mid \Gamma$			
LAST NAME FIRST NAME MIDDL Taylor Todd Jonati MAILING ADDRESS : 5322 Selby Drive				OFFICE OFFICE	NO.		
CITY: Fort Myers NAME OF AGENCY: Iona Mcgregor Fire Rescue NAME OF OFFICE OR POSITION HEL Commissioner CHECK ONLY IF CANDIDATE	ZIP: 33919 D OR SO		PPOINTEE		OGJUNDS SDE Lee COFI Coode eq. Code PDF 2005		
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, 2005 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):							
PART A PRIMARY SOURCES OF IN		Major sources of income to the			VALUE THRESHOLDS SCRIPTION OF THE SOURCE'S		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			RINCIPAL BUSINESS ACTIVITY		
Bonita Springs Fire Control & Resue	Dist. 2	27490 Old 41 Rd. Bonita \$	Springs, Fl. 34135				
ICNA MEGNEGON F	2)	South pointe	BLUD				
PART B SECONDARY SOURCES ON NAME OF BUSINESS ENTITY	NAME	E [Major customers, clients, OF MAJOR SOURCES BUSINESS' INCOME	and other sources of income ADDRESS OF SOURCE	to business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
none							
				<u></u>			
PART C REAL PROPERTY [Land, I	n]	and w	IG INSTRUCTIONS for when there to file this form are locat-				
5322 Selby Drive, Fort Myers, FL. (_	the bottom of page 2.			
Westwood Rd. North Fort Myers, FL		INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.					
				ОТН	ER FORMS you may need to		

PART D INTANGIBLE PERS TYPE OF INTANG		ks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
NONE							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
Country Wide Mortgage		6360 Presidential Ct. Fort Myers, Fl.					
				40			
PART F — INTERESTS IN SPEC	CIFIED BUSINESSES [O	wnership or position	ns in certain types of businesses]				
	BUSINESS ENT	TTY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	None						
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): DATE SIGNED (required): 6/26/06							
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.

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 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.