| FORM 1 | STATEM | | 2005 | | | | |
|--|--|---|---|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL | INTERESTS | | | | | |
| LAST NAME FIRST NAME MIDDLE N | AME : | FOR OF | | | | | |
| MAI WAGNER, R ROBERT #601 | 111511086 | USE ON | ILY: | | | | |
| 25900 HICKORY BLVD BONITA SPRINGS FL 341: | 34 | | IDC | ode | | | |
| CIT. | | | ID N | o. <u>G</u> | | | |
| NAME OF AGENCY : | | | Conf | f. Code | | | |
| NAME OF OFFICE OR POSITION HELD OF | OR SOUGHT: STICT 73 BONITA S | Serines | P. Re | eq. Code PMO4 | | | |
| CHECK ONLY IF CANDIDATE OR | | | | O6MAY11PM0419SCELe | | | |
| **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** | | | | | | | |
| 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): | | | | | | | |
| ☐ 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 SOUF ADDF | RCE'S | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | | |
| ANNUITIES | | S & Associates | \$ | STOCK BROKER | | | |
| | | FORT MYERS, FLORIDA | | C7. D | | | |
| STOCKS & BONDS | MORGAN STA BONTA SPRING | inley ss, florida | | STOCK BROKER | | | |
| PART B SECONDARY SOURCES OF IN NAME OF BUSINESS ENTITY | ICOME [Major customers, clients, a | and other sources of income to ADDRESS OF SOURCE | business | ses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | |
| WAGNER ENTERPRISES | OWNER | BONITA SPRI | NGS. | LAND & PROPERTY | | | |
| | | | | Invest ment | | | |
| | | | | | | | |
| PART C REAL PROPERTY [Land, build | | IG INSTRUCTIONS for when there to file this form are locat- | | | | | |
| CASA BONITH GRANT | E CONDOMINIOM | UNIT#601 | | the bottom of page 2. | | | |
| CASA BONITA GRANDE CONDOMINIUM UNTTAZE | | | INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. | | | | |
| | | | | ER FORMS you may need to | | | |

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | | |
|--|---------------------|---------------------|---------------------|---------------------|--|--|
| VARIABLE ANNI | VITY TE | CIFIC LIFE | INSURANCE | PASADENA, CANFORNIA | | |
| I.RA | | PORGAN S | HAVLEY BONIT | a Springs, Floring | | |
| CUNA MUTUAL LIFE | | VAVERLY, | _ | | | |
| SUBSCRIBER SAI | VINES ACCT. | U.S.A.A. | SAN AINTONIO | JEXAS | | |
| | | | | | | |
| | | | | | | |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | |
| NONE | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] | | | | | | |
| BUSINESS ENTIT | | l l | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 | | |
| NAME OF BUSINESS ENTITY | WAGNER ENTERP | RISES | | | | |
| ADDRESS OF BUSINESS ENTITY | BONITA SPRINGS, FLO | | | | | |
| PRINCIPAL BUSINESS | | I | | | | |
| ACTIVITY POSITION HELD | LAND EXEAL ESTATE | | · | | | |
| WITH ENTITY I OWN MORE THAN A 5% | OWNER | | | | | |
| INTEREST IN THE BUSINESS NATURE OF MY | SOLE OMNER | | | | | |
| OWNERSHIP INTEREST | PRESIDENT | | | | | |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | | | |
| SIGNATURE (required): DATE SIGNED (required): | | | | | | |

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.

FILING INSTRUCTIONS:

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.

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