FORM 1 STATEMENT OF	2003			
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS				
LAST NAME - FIRST NAME - MIDDLE NAME : WALSH DICK (KICITANO) JUSEPH MAILING ADDRESS :	FOR OFFICE USE ONLY:			
CITY: CUNTY: ZIP: COUNTY:	ID Code			
NAME OF AGENCY: UTT OF SHANINGER	ID N6.			
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	P. Req. Code			
	PDF 2003			
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 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 INCOME [Major sources of income to the reporting person]				
NAME OF SOURCE SOURCE'S OF INCOME ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
AGEOWANDSOSONS-IMAN LAME FON FST, 16	Buskender Finn			
SUCIAL SEEMIN ADM WARHANDON, DR SCHWIEN WEHEH CHILAGY IL	USCOVE			
Settwitch Wetter Ettillacy 12	LAWITAM-LECA-SERVICES			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of NAME OF NAME OF MAJOR SOURCES ADDR BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCES Mo N F Income sources Income sources	ESS PRINCIPAL BUSINESS			
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.			
NONE	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
CE FORM 1 - Eff. 1/2004 (Continued on reverse side)	OTHER FORMS you may need to file are described on page 6.			

PAGE 1

PART D INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	[Stocks, bonds, certific		ICH THE PROPERTY RELATES	
STORAGS + BONDS IN VALLED				
IRAN				
		<u></u>	······································	
			-=-	
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS		
		ADDRESS OF CREDITOR		
NONE				
		,		
	Courseship or positi	iona in partain hmas of husinesses	-1	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3				
NAME OF			BoomEss ENTIT#3	
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	<u></u>			
PRINCIPAL BUSINESS ACTIVITY	<u></u>			
POSITION HELD WITH ENTITY	<u> </u>			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	······································			
NATURE OF MY OWNERSHIP INTEREST	<u></u>			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required): DATE SIGNED (required): 6-17-04				
FILING INSTRUCTIONS:				
WHAT TO FILE:	WHERE TO FIL	_E:	WHEN TO FILE:	
After completing all parts of this form, including signing and dating it, send back only the first	e first on Ethics or a County Supervisor of Elections officer, and specified state en		Initially, each local officer/employee, state officer, and specified state employee must file	
sheet (pages 1 and 2) for filing. for your ann to that location				
		oloyees file with the Supervisor county in which they perma-	ment. Appointees who must be confirmed by the Senate must file prior to confirmation, even	
NOTE:	nently reside. (If yo	nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county		
MULTIPLE FILING UNNECESSARY:	where your agency	has its headquarters.)	Candidates for publicly-elected local office must file at the same time they file their	
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a	file with the Comm	specified state employees ission on Ethics, P.O. Drawer	qualifying papers.	
second Form 1 for the same year. However, a candidate who previously filed Form 1 because	15709, Tallahassee	e, FL 32317-5709.	Thereafter, local officers/employees, state officers, and specified state employees are	

Candidates file this form together with their qualifying papers.

To determine what category your position fails under, see the "Who Must File" Instructions on page 3.

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.

of another public position must at least file a copy

of his or her original Form 1 when qualifying.