FORM 1		STATEMENT OF				2005		
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS								
LAST NAME FIRST NAME MIDDL Weidig II	1	lerick		FOR OFFI USE ONLY			0.	
12631 West Link		ID Co	de)6APR				
UNIT 7 CITY Dich Marca El		ID No).	19911092				
Mordy River Estates CDD						Code g. Code	06000013000328 SDE Lee (0 F	
NAME OF OFFICE OR POSITION HELD OR SOUGHT:						ų. Code	όΕ	
CHECK ONLY IF CANDIDATE OR K NEW EMPLOYEE OR APPOINTEE						PDF 20		
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: SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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): OR DOLLAR VALUE THRESHOLDS								
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME		[Major sources of income to the SOU	ne reporting person RCE'S RESS]		SCRIPTION OF THE SOURCE'S		
Strogner tiscus Con	Mary	8961 Conforce	A	33919	Publi	c Accounting		
Meritage Hores of FC		12631 W Links	h1 #12 33	513	Hon	e Buildy		
/VIA: tage Homes of ru	-	The JI a chors	01 (11 30		1.2			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, E OF MAJOR SOURCES F BUSINESS' INCOME	I ADD	of income to b DRESS OURCE	ousiness	es owned by the reporting person PRINCIPAL BUSINESS ACTIVITY OF SOURCE]	
ALINE								
/ 0 0								
PART C-REAL PROPERTY [Land, buildings owned by the reporting person] 4506 Sw JJM CF (ape Wal H 33514 Dersonel PCS, duce					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 pa OTH			

CE FORM 1 - Eff. 1/2006 (Continued on reverse side)

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certific		CH THE PROPERTY RELATES		
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Alar						
- NOPE						
			······································			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
1740						
AAD	timble,					
/TY/	0.00		·			
		unarchin ar naciti	ana in portain types of hydinapagal			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ov BUSINESS ENTI		. ,	BUSINESS ENTITY # 2	J BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY				an an ann an Anna an An		
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY POSITION HELD	- AL	2				
MTH ENTITY 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 SHEE			
SIGNATURE (required):	24-6	-#	DATE SI	GNED (required): $4/14/06$		
		LING IN	STRUCTIONS:			
WHAT TO FILE: After completing all parts of this		HERE TO FIL	E: the form 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 qualifying.

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.

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.