FORM 1	STATEN	IENT OF	2005				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	L INTERESTS					
LAST NAME FIRST NAME MIDDLEN	····· <b>-</b> ··	FOR OI					
MESLEY BRINN MAILING ADDRESS	PAUL	USE ON	VLY:				
2485: DIVOT DR	116						
			ID Code Strong TE				
			ID NO H				
BINIM SPRINGS 3	4135 LOG						
Mennier Pank -	( <b>7</b> )		Conf. Cide				
NAME OF OFFICE OR POSITION HELD	OR SOUGHT : OF Supervisions	/	P. Req. Cook				
	CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE						
	**BOTH PARTS OF THIS SEC	TION MUST BE COMPLETED*	*				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN	ANCIAL INTERESTS FOR THE P	PRECEDING TAX YEAR WHETH					
A FISCAL YEAR. PLEASE STATE BELOV DECEMBER 31, 2005		IS FOR THE PRECEDING TAX Y Y TAX YEAR IF OTHER THAN T	YEAR ENDING EITHER (check one):				
MANNER OF CALCULATING REPORTAE	BLE INTERESTS:						
REQUIRES FEWER CALCULATIONS, OF	R USING COMPARATIVE THREE	SHOLDS WHICH ARE USUALI	ARE ABSOLUTE DOLLAR VALUES, WHICH LY BÀSED ON PERCENTAGE VALUES (see				
instructions for further details). PLEASE S	TATE BELOW WHETHER THIS S	STATEMENT REFLECTS EITHER	R (check one):				
NAME OF SOURCE OF INCOME	0001(020		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
CORRELITEINE GAWS		H COLOI GARGE, FL	DEVELOP. MONT				
	i	33:34					
PART B SECONDARY SOURCES OF I	NCOME [Major customers, clients	, and other sources of income to	businesses owned by the reporting person]				
	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
N/A							
PART C REAL PROPERTY [Land, build	ings owned by the reporting perso	on]	FILING INSTRUCTIONS for when				
24800 DING DRIVE	R See	- 2117-	and where to file this form are locat- ed at the bottom of page 2.				
CAESS DIVET DRIVE BONIN SPALAG FL 34135			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 TYPE OF INTANG		Stocks, bonds, certifi		CH THE PROPERTY RELAT	ES
N/A			BUSINESS ENTITY TO WA		
······································					
			· · · · · · · · · · · · · · · · · · ·		
······					-
PART E — LIABILITIES [Major NAME OF CREE			ADDRESS	DF CREDITOR	
N/A			· · · · · · · · · · · · · · · · · · ·		
				······	
······································	<u></u>				
PART F — INTERESTS IN SPEC	IFIED BUSINESSES	Ownership or posit	ions in certain types of businesses	]	
	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2	BUSINES	SENTITY # 3
NAME OF BUSINESS ENTITY	W/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 THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK H	ERE
SIGNATURE (required): '7	32			GNED (required): 2 ය/ ර (ු	
		FILING IN	STRUCTIONS:		
WHAT TO FILE: W After completing all parts of this form, including If y signing and dating it, send back only the first on		WHERE TO FILE: WH If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for		WHEN TO FILE: Initially, each local offic officer, and specified sta file within 30 days of the	te employee must date of his or her
th If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(a)		that location. appoint the Supervisor of Elections of the county in which they permanently reside if that		appointment or of the be ment. Appointees who mu the Senate must file prior to if that is less than 30 days f appointment.	ist be confirmed by confirmation, even
in			in Florida, file with the Supervisor of the county appo		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		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		must file at the same time they file their qualifying papers. <b>Thereafter</b> , 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 posi- tions.	
of another public position must at least file a copy q of his or her original Form 1 when qualifying.		qualifying papers.	a what astagon your position	Finally, at the end of offi	ice or employment,

To determine what category your position falls under, see the "Who Must File" Instructions

on page 3.

*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.

	FOR OFFICE USE ONLY:	ECENNED RECEIVED			
IP: COUNTY: 1135 Lev	USE ONLY:	SNOLUJII 40 Code SOS 0.5 1 20 500 SOS 0.5 1 20			
BENITA SPRINGS, PL 34135 LEV NAME OF AGENCY: ALEXEN - CDD NAME OF OFFICE OR POSITION HELD OR SOUGHT: CHAIRMAN BOARD OF SUPERVISORS					
PDF 2005					
ANCIAL INTERESTS FOR THE PRECEDING T WHETHER THIS STATEMENT IS FOR THE F OR SPECIFY TAX YEAR I LE INTERESTS: HE OPTION OF USING REPORTING THRE USING COMPARATIVE THRESHOLDS, WH TATE BELOW WHETHER THIS STATEMENT R	X YEAR, WHETHER BA RECEDING TAX YEAR B OTHER THAN THE CA SHOLDS THAT ARE AN CH ARE USUALLY BAS EFLECTS EITHER (chec	SOLUTE DOLLAR VALUES, WHICH			
ME [Major sources of income to the reporting SOURCE'S	. 0	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
		N			
	73134				
	ADDRESS	esses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] ZAE: D. Not Drin Borm Sprach, FL 34135					
	UF Summission   NEW EMPLOYEE OR APPOINTEE   **BOTH PARTS OF THIS SECTION MUST B   ANCIAL INTERESTS FOR THE PRECEDING TA   VWHETHER THIS STATEMENT IS FOR THE PI   OR SPECIFY TAX YEAR IF   LE INTERESTS:   HE OPTION OF USING REPORTING THRESHOLDS, WHITATE BELOW WHETHER THIS STATEMENT RI   HRESHOLDS OR   ME [Major sources of income to the reporting p   SOURCE'S   ADDRESS   ZIZI Tome Deliver Deliver, fill col   NCOME [Major customers, clients, and other sources of BUSINESS' INCOME   OF BUSINESS' INCOME   Indigs owned by the reporting person]	UF Supervises(S)   NEW EMPLOYEE OR APPOINTEE   *BOTH PARTS OF THIS SECTION MUST BE COMPLETED**   ANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BAY WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR IF   OR SPECIFY TAX YEAR IF OTHER THAN THE CARLE OPTION OF USING REPORTING THRESHOLDS THAT ARE AN IS USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BAS USUNG COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BAS ITATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check HRESHOLDS)   ME [Major sources of income to the reporting person] SOURCE'S   VITE [Major sources of income to the reporting person] SOURCE'S   VAME OF MAJOR SOURCES ADDRESS   OF BUSINESS' INCOME OF SOURCE   Indigs owned by the reporting person] FIL and			

PART D — INTANGIBLE PERSO TYPE OF INTANGI		[Stocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WHIC	CH THE PROPERTY RELATES
N/A				
(r.)				
·				
PART E — LIABILITIES [Major d NAME OF CRED			ADDRESS (	DF CREDITOR
NA				
e				· · · · · · · · · · · · · · · · · · ·
·				
PART F INTERESTS IN SPECI	FIED BUSINESSES	3 [Ownership or posit	ions in certain types of businesses	]
	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NIA			
ADDRESS OF				
BUSINESS ENTITY PRINCIPAL BUSINESS				
ACTIVITY POSITION HELD				
I OWN MORE THAN A 5%				
INTEREST IN THE BUSINESS NATURE OF MY		······		
OWNERSHIP INTEREST				
IF ANY OF PARTS A	A THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE (required):	2 ~		DATE SI	IGNED (required):
	ンム			6/26/06
		FILING IN	STRUCTIONS:	
WHAT TO FILE:		WHERE TO FILE:		WHEN TO FILE: Initially, each local officer/employee, state
After completing all parts of this form, including signing and dating it, send back only the first		on Ethics or a County Supervisor of Elections for officer, and specified state employee		officer, and specified state employee must
sheet (pages 1 and 2) for filing.		your annual disclo that location.	sure filing, return the form to	file within 30 days of the date of his or her appointment or of the beginning of employ-
If you have nothing to report in a particular		ment. Appointees who must be confirmed t		
section, you must write "none" or "n/a" in that section(s).		Local officers/employees tile with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Electida, file with the Supervisor of the county in 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.

## 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.

in Florida, file with the Supe 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.

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.