

FORM 1		STATEMENT OF		2004	
Please print or type your name, mailing address, agency name, and position below:		FINANCIAL INTERESTS		<div style="border: 1px solid black; padding: 5px; transform: rotate(90deg); transform-origin: center;">2005 JUN 10 AM 10:38 SUPERVISOR OF ELECTIONS</div>	
LAST NAME -- FIRST NAME -- MIDDLE NAME:		FOR OFFICE USE ONLY:			
WILCOX WILLIAM WALTER		<div style="border: 1px solid black; padding: 5px;">ID Code No. No. Conf. Code P. Reg. Code</div>			
MAILING ADDRESS:					
PO Box 1800					
BOCA GRANDE 33921 LEE					
CITY: ZIP: COUNTY:					
GASPARILLA ISLAND BRIDGE AUTHORITY					
NAME OF AGENCY:					
NAME OF OFFICE OR POSITION HELD OR SOUGHT:					
ADVISORY BOARD MEMBER					
CHECK ONLY IF <input type="checkbox"/> CANDIDATE OR <input checked="" type="checkbox"/> NEW EMPLOYEE OR APPOINTEE					
<b>**BOTH PARTS OF THIS SECTION MUST BE COMPLETED**</b>					
<b>DISCLOSURE PERIOD:</b> 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): <input checked="" type="checkbox"/> DECEMBER 31 2004 <input type="checkbox"/> OR <input type="checkbox"/> SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____					
<b>MANNER OF CALCULATING REPORTABLE INTERESTS:</b> 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): <input checked="" type="checkbox"/> COMPARATIVE (PERCENTAGE) THRESHOLDS <input type="checkbox"/> OR <input type="checkbox"/> DOLLAR VALUE THRESHOLDS					
<b>PART A -- PRIMARY SOURCES OF INCOME</b> (Major sources of income to the reporting person)					
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Dividends and Interest					
Pension					
Social Security					
<b>PART B -- SECONDARY SOURCES OF INCOME</b> (Major customers, clients, and other sources of income to businesses owned by the reporting person)					
NAME OF BUSINESS ENTITY		NAME OF MAJOR SOURCES OF BUSINESS INCOME		ADDRESS OF SOURCE	
				PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
<b>PART C -- REAL PROPERTY</b> (Land, buildings owned by the reporting person)					
<b>FILING INSTRUCTIONS</b> for when and where to file this form are located at the bottom of page 2.  <b>INSTRUCTIONS</b> on who must file this form and how to fill it out begin on page 3.  <b>OTHER FORMS</b> you may need to file are described on page 6.					

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<b>PART D — INTANGIBLE PERSONAL PROPERTY</b> [Stocks, bonds, certificates of deposit, etc.]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
<b>PART E — LIABILITIES</b> [Major debts]		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
Mortgage Chase Home Finance	Louisville Ky 40290	
<b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> [Ownership or positions in certain types of businesses]		
BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY		
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 <input type="checkbox"/>		
SIGNATURE (required): <i>Miss W. Wood</i>	DATE SIGNED (required) <i>6/7/05</i>	
<b>FILING INSTRUCTIONS:</b>		
<b>WHAT TO FILE:</b> After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.  <b>NOTE:</b> <b>MULTIPLE FILING UNNECESSARY:</b> 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.	<b>WHERE TO FILE:</b> 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.  <i>Local officers/employees</i> 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.)  <i>State officers or specified state employees</i> file with the Commissioner on Ethics, P.O. Drawer 16709, Tallahassee, FL 32317-6709, physical address: 3600 Mackley 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.	<b>WHEN TO FILE:</b> Initially, each local officer/employee, state officer and specified state employee must file <u>within 30 days</u> 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.