FORM 1	STATEMI	ENT OF	2004				
Please print or type your name, mailing address, agency name, and position below	INTERESTS						
LAST NAME FIRST NAME MIDDL IN 9 and MAILING ADDRESS: 11 395	FOR OF USE ON	LY: SupER JULY					
NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD CHECK ONLY IF CANDIDATE	/	TOV POINTEE	Conf. Tode P. Req. Cod				
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, 2004 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 OF INCOME	SOURCE ADDR	CE'S ,	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Lee Cty Bocc	1500 Manyee	ST	Depoty Director				
Contractors Exams	5.4 Frembak Pin	C. F.	Consiting				
Wean Steel	Harrison hong	_ Va	Consulting				
PART B SECONDARY SOURCES O NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, ar NAME OF MAJOR SOURCES OF BUSINESS' INCOME	nd other sources of income to l ADDRESS OF SOURCE	pusinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
							
PART C REAL PROPERTY [Land, b	Mica El	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
363 Claridge	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 PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
miss stou	S IRA	h=/d	by	South	Barney		
							
					······································		
		· <u>-</u> ,			<u> </u>		
					<u></u>		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
Washington	POBOX 4017, Concord CA						
Washington Mutual 10 130x 40.				F-1			
J							
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 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							
SIGNATURE (required): Compared Date Signed (required): 5/31/05							
FILING INSTRUCTIONS:							
WHAT TO FILE: 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.

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.