FORM 1	STATEMENT OF		2005		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERI	ESTS [
LAST NAME FIRST NAME MIDDLE NAME Winton, Peter		FOR OFFICE USE ONLY:			
664 Astavias C	ivele				
		ID C	/		
CITY: ZIP Fort Myers 33°	COUNTY:	ID N	10. / KB		
NAME OF AGENCY:	nment (BOCC)	Cop	f. Code		
NAME OF OFFICE OR POSITION HELD OR S ASSISTANT COUNT	SOUGHT:	P. R	eq. Code		
CHECK ONLY IF CANDIDATE OR	NEW EMPLOYEE OR APPOINTEE		o. IN20PM0512 SDELee CoF1		
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: 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					
	[Major sources of income to the reporting person]		SCRIPTION OF THE SOURCE'S		
OF INCOME	P.O. Box 298		RINCIPAL BUSINESS ACTIVITY		
Board of Lee County Commissioners	Fort Myers 33906	2 (01	inty Government		
					
NAME OF NAM	OME [Major customers, clients, and other sources of E OF MAJOR SOURCES ADDR F BUSINESS' INCOME OF SO	RESS	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			NG INSTRUCTIONS for when there to file this form are locat-		
Residence, LeL4 A	ed at	the bottom of page 2.			
			RUCTIONS on who must file orm and how to fill it out begin ge 3.		
			ER FORMS you may need to e 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					
Toyota Van		Personal Vehicles			
Ford Tauras					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR ADDRESS OF CREDITOR					
Countrywide Home L	ours P.D. Bo	P.D. Box 5170, Sim. Valley, CA 93062-5170			
Suncaust Schools Credi					
(autos) P.O. Box 11904, Tampa, FL 33680-1904					
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): DATE SIGNED (required): 6-19-06					
FILING INSTRUCTIONS:					

WHAT 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.

WHERE TO FILE:

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.

WHEN TO FILE:

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 posi-

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.

CE FORM 1 - Eff. 1/2006 PAGE 2