




USING ELECTRONIC FORMS

There are two options for utilizing our online forms if you are using the Free Adobe Acrobat Reader®:

1. You may print a blank form, fill it out, sign it under oath, and send it in.
2. Or, you can type your disclosure information directly on the form and then print it out, sign it under oath, and send it in.

For Option 2:

- Select the hand tool  from the Acrobat toolbar menu.
- Move the hand inside a field. Click when it changes to an I-beam pointer . The I-beam pointer allows you to type text. The hand tool will also become a pointer tool when it passes over a box, which allows you to click and check the box.
- Press tab to accept the information you have typed and go to the next field.
- Press shift+tab to accept the information you have typed and go to the previous field.
- Typed text that goes beyond the limit of a field will not be printed. You may shorten the entry by using generally accepted abbreviations.
- You may also use your mouse to move from field to field.
- Use the zoom tool  to magnify the page for easier viewing.

IMPORTANT – PLEASE READ:

- OPEN UP THE APPROPRIATE SET OF INSTRUCTIONS FOR THE FORM OR PRINT THEM OUT. CAREFULLY READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE FORM. THEY CONTAIN HELPFUL INFORMATION AND EXAMPLES TO ASSIST YOU.
- **FORMS CANNOT BE ELECTRONICALLY SUBMITTED.**
- USE THE PRINT BUTTON ON THE ADOBE TOOL BAR TO PRINT THE FORM. YOUR INTERNET BROWSER'S PRINT BUTTON WILL NOT PRINT THE FORM.
- FILLED-IN FORMS **CANNOT BE SAVED ON YOUR COMPUTER.** IF YOU ATTEMPT TO SAVE YOUR FORM, IT WILL CLEAR ALL THE INFORMATION YOU INPUT.
- MAKE SURE THAT YOU MAKE A COPY OF YOUR COMPLETE DISCLOSURE FORM AND KEEP IT WITH YOUR IMPORTANT PAPERS.

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2004

Please print or type your name, mailing address, agency name, and position below :

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

MAILING ADDRESS:

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2004, or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of _____, 20__ was \$ _____.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET | VALUE OF ASSET |
|----------------------|----------------|
| | |
| | |
| | |
| | |
| | |

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| | |
| | |
| | |
| | |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| | |
| | |
| | |

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2004 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2004 federal income tax return. [If you check this box and attach a copy of your 2004 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

| NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ADDRESS OF SOURCE OF INCOME | AMOUNT |
|--|-----------------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

PART E -- INTERESTS IN SPECIFIED 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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of

_____, 20__ by _____.

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
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.