

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2005

FINANCIAL INTERESTS

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Compton Cathi L.

MAILING ADDRESS:

6208 Huntington Drive

CITY:

Zephyrhills, FL

ZIP:

33542

COUNTY:

Pasco

NAME OF AGENCY:
Pasco County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

School Board Member, District 1

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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 KURT S. BROWNING
 SUPERVISOR OF ELECTIONS
 DADE CITY, FLORIDA

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, 2005, 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 June 28, 2006 was \$ 325,540

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 \$ 25,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see Instructions p.4)	VALUE OF ASSET
House, 6208 Huntington Dr., Zephyrhills, FL 33542	\$ 235,000
House, 222 E. Noble Ave., Bushnell, FL 33513	\$155,000
Bank Account, SunTrust	\$13,635

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Schools Credit Union, 6801 E. Hillsborough Ave, Tampa, FL 33680	\$102,095

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2005 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 2005 federal income tax return. [If you check this box and attach a copy of your 2005 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
City of Zephyrhills	5335 8th St., Zephyrhills 33542	\$4,800
McAlvanah & Compton, P.A.	5739 Gall Blvd., Zephyrhills, 33542	\$4,231
Daniel W. McGrane, M.D., P.A.	6725 Cedar Ridge Dr., Zephyrhills	\$4,215
Diane Danner	222 E. Noble Ave., Bushnell, FL	net income less than \$1,000

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
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/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			

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 COURT S. BROWNING
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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 Pasco

Sworn to (or affirmed) and subscribed before me this 17th day of

July, 2006 by Cathi L. Compton

Sandra J. Douglas
 (Signature of Notary Public--State of Florida)

Cathi L. Compton
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commission Seal of Notary Public)


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.