

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2004

COMMISSION ON ETHICS
DATE RECEIVED
JUN 28 2005

FOR OFFICE USE ONLY:

*****AUTO**5-DIGIT 32301 T2 P1 5
Bob Rackleff
County Commissioner, District 5, Leon County
Elected Constitutional Officer
Leon County Cthouse
301 S Monroe St
Tallahassee FL 32301-1861



ID Code
ID No. 14389
Conf. Code
P. Req. Code *****



Rackleff Bob

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 December 31, 2004, 20__ was \$ 62,100

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 \$ 100,400

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Residence, 502-D Hillcrest St., Tallahassee, FL	240,000
IRA/SEP Vanguard Group, Valley Forge, PA	182,300
Deferred Comp. Plan, ICMA Retirement Corp., Washington, DC	75,100
Envision Credit Union, Tallahassee, FL	64,300

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

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
Leon County Commission	Tallahassee, FL	72,300
Speechwriting + Consulting	see below	64,000
U.S. Navy retirement benefits	U.S. Navy	10,500

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
Carnegie Corp. of NY	Foundation	New York, NY	Research
Business Roundtable	Corporate members	Washington, DC	Research + Advocacy

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
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 Leon

Sworn to (or affirmed) and subscribed before me this 28th day of

June, 2005 by Bob Rackleff

Nan M. Swain
(Signature of Notary Public, State of Florida)



Nan M. Swain
Commission # DD317585
Expires June 24, 2008

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

Personally Known OR Produced Identification

Type of Identification Produced _____

Bob Rackleff
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.