

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Adams David Preston

MAILING ADDRESS :

1110 Magnolia Ave

Lehigh FL 33972 LEE

CITY: ZIP: COUNTY:

NAME OF AGENCY :

Lehigh Acres Fire & Rescue Dist

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

NOL

ID No.

214452

Conf. Code

P. Req. Code

PDF 2006

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, 2006 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'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
US Mail Park Service	33100 Tamiami Trail E Ocoee FL 34141	Fed Employee
Lehigh Acres Fire & Rescue	Joel Blvd Lehigh Acres FL	Commissioner

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

1110 Magnolia Ave Lehigh FL 33972
10217-000-00 Levy County
Whitted Est Blk C Lot 116

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

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

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

GMAC	PO Box 9001719 Louisville Ky
Success Schools FCU	PO Box 11904 Tampa FL 33680

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

	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):

David P. Adams

DATE SIGNED (required):

23 July 07

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:

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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 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.

Albert P. Massey, III
Chair
Charles Lydecker
Vice Chair
Michael W. Brown
Cheryl Forchilli
Latour "LT" Lafferty
Christopher T. McRae
Thomas P. Scarritt, Jr.



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, FL 32317-5709

3600 Maclay Blvd., South, Suite 201
Tallahassee, FL 32312

Philip Claypool
Executive Director

Virilindia Doss
*Deputy Executive
Director*

(850) 488-7864 Phone
278-7864 Suncom
(850) 488-3077 (FAX)
www.ethics.state.fl.us

August 14, 2007

David Preston Adams
1110 Magnolia Ave
Lehigh Acres, FL 33972

Dear Mr. Adams:

Your Form 1, Statement of Financial Interests, has been misfiled with the Commission on Ethics. By copy of this letter, I am forwarding said form to the Lee County Supervisor of Elections for appropriate filing.

Sincerely,

A handwritten signature in cursive script that reads "Connie A. Evans".

Connie A Evans
Executive Secretary

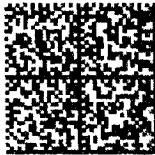
cc: Sharon Harrington
Lee County Supervisor of Elections (w/enclosure)

State of Florida
Commission on Ethics

3600 Maclay Boulevard, South, Suite 201
Post Office Drawer 15709
Tallahassee, FL 32317-5709



FIRST CLASS

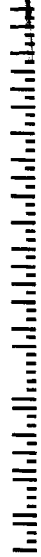


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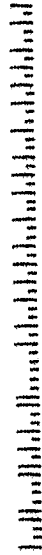
\$ 00.41⁰

PITNEY BOWES

The Honorable Sharon Harrington
Supervisor of Elections
P O Box 2545
Ft Myers, FL 33902-2545



33902+2545 8021



FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :
 ADAMS DAVID PRESTON
 MAILING ADDRESS :
 1110 MAGNOLIA AVE
 LEHIGH ACRES FL 33972 LEE
 CITY : ZIP : COUNTY :
 NAME OF AGENCY :
 LEHIGH ACRES FIRE & RESCUE DEPT
 NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 COMMISSIONER - FIRE BOARD

FOR OFFICE USE ONLY:

NOL

ID Code

ID No.

Conf. Code

P. Req. Code

*07AUG14PM0245 SDE LEE Co FI

PDF 2006

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TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

07/10/07 4PM 0245 SDE LEE Co 1

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

G.M.A.C.	PO Box 9001719	Louisville Ky
Surcoat Schools Fcu	PO Box 11904	Tampa Fl

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			
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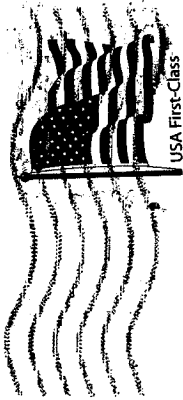
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1110 Magnolia Ave
Lehigh FL 33972



FORT MYERS FL 339

13 AUG 2007 PM 6T

Supervisor of Elections
2480 Thompson SA
Fort Myers FL

3390133074

