FORM 1	STATEMENT C	F	2006
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTE	RESTS	
APGAR' SCHMILL MAILING ADDRESS:	AME: PEGGY Ann	FOR OFFI USE ONLY	·
	aboy Ct		ID Code
FOOT Myers	, 33905 here		<u></u>
CITY:	ZIP: COUNTY:		ID No.
NAME OF AGENCY :			Conf. Code
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:		P. Req. Code
r—,	on this form. Attach additional sheets, if necessary.  R		ID No.  Conf. Code  P. Req. Code  PDF 2006
DECEMBER 31, 2006  MANNER OF CALCULATING REPORTAE THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE S' COMPARATIVE (PERCENTAGE) T	THE OPTION OF USING REPORTING THRESHIP IN USING COMPARATIVE THRESHOLDS, WHICH THE BELOW WHETHER THIS STATEMENT REFUNDED.  DME [Major sources of income to the reporting person sources of income to the reporting person sources address]  P.O. But 51216, the person of the sources of income to the reporting person sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the reporting person of the sources of income to the sources of the sources	YEAR, WHETHER CEDING TAX YEA OTHER THAN THE OLDS THAT ARE H ARE USUALLY LECTS EITHER (  Son)  UNITAGE  WINTEGER  WIN	AR ENDING EITHER (check one):  E CALENDAR YEAR:  E ABSOLUTE DOLLAR VALUES, WHICH BASED ON PERCENTAGE VALUES (see check one):  DLAR VALUE THRESHOLDS  DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
NAME OF		ADDRESS	PRINCIPAL BUSINESS
BUSINE'S ENTITY	OF BUSINESS' INCOME OF	FSOURCE	ACTIVITY OF SOURCE
PART C REAL PROPERTY (Land, build 15151 Flightline Culture)		33905	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

PART D — INTANGIBLE PERSONAL PR	ROPERTY [Stocks, bonds, certification   1	ates of deposit, etc.) BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES	
LEGWIN L	CC Pro	Promissory Note		
UBS Securit	14, 40 St	ocks & Bonda	\	
PART E — LIABILITIES [Major debts]  / NAME OF CREDITOR		ADDRESS OF CRE	EDITOR	
NA				
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	k /			
ADDRESS OF BUSINESS ENTITY	$\Delta I/A$			
PRINCIPAL BUSINESS ACTIVITY	1 * / / \			
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): 1444 My Hours 12-31.07				
/ / FILING INSTRUCTIONS:				
WHAT TO FILE: After completing all parts of this form, i	where to fill lif you were mailed		EN TO FILE:  ally, each local officer/employee, state	

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.

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.

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.