FORM 1	STATEMENT OF	2006				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTEREST	S				
LAST NAME - FIRST NAME - MIDDLE NAM BANKS FORCEST MAILING ADDRESS:  1334 Jamha/	FOR	OFFICE ONLY:  ID Code  ID No.				
Fort Myers ZIP	33901 Lee Boord	ID Code 1037 SDE L				
NAME OF AGENCY:  NAME OF OFFICE OR POSITION HELD OR		Conf. Code P. Req. Code				
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						
**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 NAME OF SOURCE OF INCOME	[Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Johnson Engl	BOX MADENTANYES PL	Engineering +				
	FORT MUYERS FL 33902	Survey ing				
NAME OF NAM	DME [Major customers, clients, and other sources of income IE OF MAJOR SOURCES ADDRESS F BUSINESS' INCOME OF SOURCE	to businesses owned by the reporting person]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE				
PART C REAL PROPERTY [Land, building:	FILING INSTRUCTIONS for when					
residence la transa 58 Acres S Acres	334 Jambolono Ln s in Maine	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 PERS TYPE OF INTANG	ONAL PROPERTY (Stocks, bonds, co		f deposit, etc.] SINESS ENTITY TO WHICH TH	HE PROPERTY RELATES		
401	10		muyual fun			
/RA	<b>,</b>		national cto			
Car	10000					
			*			
PART E — LIABILITIES [Major NAME OF CRE			'ADDRESS OF CF	REDITOR		
None			4			
7004						
				·		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTITY # 1	ı	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	John on Engri	n				
ADDRESS OF BUSINESS ENTITY	1334 30 7158 T	o has	a St.			
PRINCIPAL BUSINESS ACTIVITY	Energ Planeing F		Sysocying			
POSITION HELD WITH ENTITY	Anac:	,				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No					
NATURE OF MY OWNERSHIP INTEREST	Partner					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):	end N Bask		DATE/SIGNED	(required):		
FILING INSTRUCTIONS:						
WHAT TO FILE:	WHERE TO	FILE:	✓ WH	HEN TO FILE:		

## WHAI IO 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.

## **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.

## WHEN IO 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.

PAGE 2 CE FORM 1 - Eff. 1/2007