FORM 1	STATEMEN	T OF	2007
Please print or type your name, mailing address, agency name, and position below	FINANCIAL IN	TERESTS	
LAST NAME FIRST NAME MIDDLE Forest H Ban MAILING ADDRESS : 1334 Jambs FM Yers CITY : Planning NAME OF AGENCY : MAME OF OFFICE OR POSITION HEL	AME: 25 12n2 / n 33901 / ec ZIP: COUNTY: Board	FOR OFFICE USE ONLY ID.Cod	PRO352 5
CHECK ONLY IF 🔲 CANDIDATE	OR REVEMPLOYEE OR APPOINT	ÊE	
A FISCAL YEAR. PLEASE STATE BELC DECEMBER 31, 2007 MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O	ABLE INTERESTS: THE OPTION OF USING REPORTING TI DR USING COMPARATIVE THRESHOLDS, STATE BELOW WHETHER THIS STATEMEN	IG TAX YEAR, WHETHER BASED HE PRECEDING TAX YEAR ENDIN AR IF OTHER THAN THE CALENE HRESHOLDS THAT ARE ABSOL WHICH ARE USUALLY BASED (	NG EITHER (check one): DAR YEAR: UTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see a):
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	COME [Major sources of income to the repor SOURCE'S ADDRESS	DESC	RIPTION OF THE SOURCE'S
Johnson Engine	En Mure	ion Street E	Aquilling service
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, and othe NAME OF MAJOR SOURCES OF BUSINESS' INCOME	er sources of income to businesses ADDRESS OF SOURCE	s owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, bu 1334 Januba / Other froperty	uildings owned by the reporting person]	and whe ed at the INSTR	B INSTRUCTIONS for when are to file this form are locat- e bottom of page 2. UCTIONS on who must file m and how to fill it out begin 3.
			R FORMS you may need to described on page 6.

PART D INTANGIBLE PERS TYPE OF INTAN		[Stocks, bonds, certifiend	cates of deposit, etc.] BUSINESS ENTITY TO WH	CH THE PROPERTY RELA	ATES		
4/61 1/ 1/24		STOC	Stocks + pouch				
IRA DEASENT		Storkic					
PART E — LIABILITIES [Majo	debts]						
		ADDRESS OF CREDITOR					
				****			
			NI-10-10-10-10-10-10-10-10-10-10-10-10-10-				
				•			
PART F INTERESTS IN SPEC		. , .					
NAME OF	BUSINESS	SENTITY # 1	BUSINESS ENTITY # 2	BUSINE	SS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF	NBAC 271	Cr Mar IV,	LUO Stack S	d.			
BUSINESS ENTITY PRINCIPAL BUSINESS	DM (		NOTE POYOFIC	P			
ACTIVITY POSITION HELD	1719 6 101	sie psysole					
WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					<u>, , , , , , , , , , , , , , , , , , , </u>		
NATURE OF MY OWNERSHIP INTEREST		<u> </u>					
IF ANY OF PARTS	A THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	EI, PLEASE CHECK			
SIGNATURE (required):	$, \bigcirc$		DATE S	IGNED (required):	5700		
(Y)	2 V			IGNED (required):	200		
-		<b>FILING IN</b>	<b>STRUCTIONS:</b>		, , , , , , , , , , , , , , , , , , ,		
WHAT TO FILE:	s form including		WHERE TO FILE:		ficer/employee state		
After completing all parts of this form, including signing and dating it, send back only the first		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		Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her			
sheet (pages 1 and 2) for filing.		that location.		appointment or of the beginning of employ- ment. Appointees who must be confirmed by			
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).		Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)		the Senate must file prior	to confirmation, even		
				if that is less than 30 days from the date of their appointment.			
Facsimiles will not be accepted.				Candidates for publicly-elected local office must file at the same time they file their			
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.		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.	-		
				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 posi-			
						qualifying papers.	
		To determine what category your position falls under, see the "Who Must File" Instructions		each local officer/employee, state officer, and specified state employee is required to file a			
		on page 3.	on page 3.		final disclosure form (Form 1F) within 60 days of leaving office or employment.		