FORM 1	STATEM		2007	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		
MAILING ADDRESS :	eph E	FOR OF USE ON		657N753
2329) N. X	yur Rd		ID Code	—————————————————————————————————————
CITY: A/VA, F-L NAME OF AGENCY:	ZIP: COUNTY: 33920	LPE	ID No.	08JUL239ML053SDELeeCoF
NAME OF OFFICE OF POSITION HELD Suprv VI	5)3/NCJ	P. Req. Code	e	
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE O				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN. A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2007 MANNER OF CALCULATING REPORTAE THE LEGISLATURE ALLOWS FILERS TREQUIRES FEWER CALCULATIONS, OF	WHETHER THIS STATEMENT IS IN OR SPECIFY TO SPECIFY TO SPECIFY TO SPECIFY TO SPECIFY THE SHORT OF USING REPORT OF USING COMPARATIVE THRESH	ECEDING TAX YEAR, WHETH FOR THE PRECEDING TAX Y FAX YEAR IF OTHER THAN TO ING THRESHOLDS THAT A OLDS, WHICH ARE USUALL	IER BASED ON A EAR ENDING EI HE CALENDAR Y RE ABSOLUTE Y BASED ON P	THER (check one): /EAR: DOLLAR VALUES, WHICH
instructions for further details). PLEASE S' COMPARATIVE (PERCENTAGE) T	HRESHOLDS <u>OR</u>	☐ DOLLAR V	ALUE THRESHO	LDS
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME PERCE 1-10 10 10 10 10 10 10 10 10 10 10 10 10 1	, SOUF			ION OF THE SOURCE'S L BUSINESS ACTIVITY
FlA Cofrus Company	12329/N-RIVY	RS-AIM, FZ	CITYUS AG M	ar Groves
FIVANCIAL CONSULTING	3 Stahorst L	N PORUBILEL	5+1f- E	mp. consulting
PART B SECONDARY SOURCES OF	NCOME [Major customers, clients, a	and other sources of income to	businesses own	ed by the reporting person]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Sunthurn Busings	land + Cansulflag T VURHY IOVING	Josper, FL	AGN BUS	WITUS EXFORM IN
Southwestern Properties,	444 11 11	Collyr Conty	FZ	11 17
PART C - REAL PROPERTY [Land, buil Show Rd & Organic A	dings owned by the reporting person	- Kings Hay Vorgs Hay & Ocompo Al	and where to	STRUCTIONS for when of file this form are locat-tom of page 2.
BING BEALOW Train NA 2329/ N-RIVER AND ALVE	1.F-2- resided. S.	Seahors IN YE		TIONS on who must file d how to fill it out begin
Land Pertainship	HAMILTON WE F	2 Coscer, Lr.	OTHER FO	ORMS you may need to ribed on page 6.

DART D. INTANCIRI E DERSO	PART D. INTANCIPLE REPORNAL PROPERTY (Obselve hands confidence of described									
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES										
A) 11 1	rols Rive	ride Ba		affiliat.	13					
Stocks, Variou			count	mgt by	Charles Sahar	abo				
,					SAFARON BAR	10				
		•								
PART E — LIABILITIES [Major of NAME OF CRED				ADDRESS OF C	REDITOR					
Met Life INS	· Co	Kansa	3 2 6	N 4						
SUN TUNST NA ON, FL ON, FL										
Farm Crade,	+ Federal	A-1	adia,	FC						
Trust FINANCIA		Saw Antonia. TX								
,										
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]										
TAKTT — INTERESTS IN STEEL	BUSINESS ENTI			SS ENTITY # 2	I BUSINESS ENTIT	·V # 3				
NAME OF	BOSINESS ENTI	11#1	DOSINES	S LIVITI # 2	BOSINESS ENTIT	1#3				
BUSINESS ENTITY										
ADDRESS OF BUSINESS ENTITY										
PRINCIPAL BUSINESS ACTIVITY					·					
POSITION HELD WITH ENTITY						.15				
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): SIGNATURE (required): 7-22-08										
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:

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 Blvd. 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.

ET MYEKS FL 33 | H

SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545

CONSTITUTIONAL COMPLEX
PO. BOX 2545
FORT MYERS, PLORIDA 33902