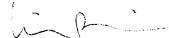
FORM 1	STATEM	STATEMENT OF					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	L INTERESTS	S	Ö			
MAILING ADDRESS:	IP: COUNTY:  34134  20 mm ms 304  R SOUGHT:	s, if necessary.		07JUN296M1147555Lee (o.F.)			
**BOTH PARTS OF THIS SECTION MUST BE COMPLETED**  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  ADDRESS				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Inviend 2006K	0001C		5018 & 56 2001 FS	Presonally Dumé table			
Severance Town 25V	OND	OMO Red		29,57,20			
BUSINESS ENTITY	COME [Major customers, clients, AME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE  DOTT THE FORM TO SOURCE	PI	by the reporting person] RINCIPAL BUSINESS CTIVITY OF SOURCE  WHEY  SECOND WITH			
PART C REAL PROPERTY [Land, building	Pach + 1	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
2000 000000000000000000000000000000000	2015 25 0WG	10/2 15C	this form and h on page 3.	MS on who must file ow to fill it out begin  MS you may need to ed on page 6.			

See Allachell list

PART D — INTANGIBLE PERSO TYPE OF INTANGI		ks, bonds, certificat	es of deposit, etc.] BUSINESS ENTITY TO WHICH TH	HE PROPERTY RELATES		
-375516 - NO. 110 J.S		Devisional ACCOUNT WITH UPS				
			· · · · · · · · · · · · · · · · · · ·			
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR				
"MENOVE MOVIE	hage Ons	10 80×9	00011. Bieign	NC 27675		
		:	<u></u>			
PART F — INTERESTS IN SPECI						
NAME OF	BUSINESS ENTI	TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
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						
CICNATURE (required):	3	4	DATE SIGNE	D (required):		

SIGNATURE (required):



### 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.

# FILING INSTRUCTIONS:

#### 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 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.

# PROPERTY DATABASE QUERY

## 7 ROWS RETURNED IN THE SEARCH FOR 'BIELSKI CHRISTINE'

STRAP	OWNER	SITE ADDRESS	Links
5441 (34-203-600 <b>36</b> 0 <u>130</u>	BIELSKI CHRISTINE	8214 ESTERO BLVD FORT MYERS BEACH, FL 33931	COOR TRIM AERIAL VIEWER
. m 44 (14-80-6) silen (2000)	BIELSKI CHRISTINE	26612 HICKORY BLVD BONITA SPRINGS, FL 34134	2006 TRIM AGRIAL MEWER
05/41 (A-8)-50209 0040	BIELSKI CHRISTINE	6020 CYPRESS LN BONITA SPRINGS, FL 34134	2006 TRIM AERIA, VIEWER
1941 839.0601.0686	BIELSKI CHRISTINE	27781 FORESTER DR BONITA SPRINGS, FL 34134	1006 TRIM AERIAL VIEWER
N-47-25-B4-00-00-0190	BIELSKI CHRISTINE	27566 HICKORY BLVD BONITA SPRINGS, FL 34134	2006 TRIM Afrial Viewer
	BIELSKI CHRISTINE	27571 HICKORY BLVD BONITA SPRINGS, FL 34134	1005 TRIM AEROS MESSES
0 (44 - 15-80 - 5-300 - 54 - 1	BIELSKI CHRISTINE	27882 KINGS KEW BONITA SPRINGS, FL 34134	2006 TRIM ABRIAL VIEWER
[	The second second	LES PA HOSE]	