FORM 1	STATEMENT OF	2007					
Please print or type your name, mailing address, agency name, and position below:  FINANCIAL INTERESTS  A/a							
LAST NAME FIRST NAME MIDDLE NAME  Bish Jeffrey  MAILING ADDRESS:	4700	FOR OFFICE USE ONLY:					
28400 Ola 41 R	vad	I ID Code					
Suite 6 CITY: ZIP Bonita Springs	COUNTY:	ID Code  ID No  Conficode					
NAME OF OFFICE OR POSITION HELD OR S	exercation Board	Cont Code P. Req. Code					
You are not limited to the space on the lines on the CHECK ONLY IF CANDIDATE OR	s form. Attach additional sheets, if necessary.  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, 2007  DECEMBER 31, 200							
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY						
instruction Wealth Management	ADDRESS  25400 Old 41 Rd Stel Brita.	Spring, Sc Financial Planning					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of in NAME OF NAME OF MAJOR SOURCES ADDRES BUSINESS ENTITY OF BUSINESS' INCOME OF SOUR		RESS PRINCIPAL BUSINESS					
PART C REAL PROPERTY [Land, buildings	owned by the reporting person]	FILING INSTRUCTIONS for when					
27207 Barefoot Lane	2	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 PERSONAL PROPERTY [Stoc TYPE OF INTANGIBLE	cks, bonds, certificat		] ITY TO WHICH TH	IE PROPEF	RTY RELATES
NG Brokerage act: mutual fund					
VARIABLE LIRE INS. Policies		med	1 Cen		
Health Sourings Account: cash	all	personed	ara 1		·
Roth IRA: cash & mutual Pends					
SEP IRA: Cash + mutual finds		· · · · · · · · · · · · · · · · · · ·	:		
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR	<u> </u>		ADDRESS OF CF	REDITOR	
Regions Bank	P.O. Bux	2224	BIRMING	AM, A	2 35246
Wells Fargo mortgage	P.a. Box	660455	DALLAS	ニアと	75244
Bank of America	P.O. Bax 60	60576	DALLAS	TX	75266
PART F — INTERESTS IN SPECIFIED BUSINESSES [C	)wnership or position	s in certain types o	of businesses]		
BUSINESS ENT		BUSINESS	ENTITY # 2		BUSINESS ENTITY # 3
	wealth rement				
ADDRESS OF BUSINESS ENTITY ROOTS SOTTON	che to				
PRINCIPAL BUSINESS	ANTIE				
POSITION HELD	j				
I OWN MORE THAN A 5%	nner/Owner				
NATURE OF MY	<del></del> +				
OWNERSHIP INTEREST Sele Topic	to				
IF ANY OF PARTS A THROUGH F AR	E 90NTINUED	ON A SEPAR	ATE SHEET, P	LEASE C	HECK HERE
SIGNATURE (required):	4		DATE SIGNED	(required)	1/23/08
/  /// FILING INSTRUCTIONS:					
WHAT TO FILE: WHEN TO FILE:					ILE:
After completing all parts of this form, including If	you were mailed the	e form by the Coi			local officer/employee, state ecified state employee must file
	n Ethics or a County our annual disclosur				state employee must file

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.

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.

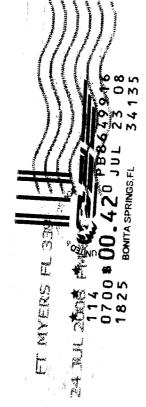
appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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 posi-

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.

CE FORM 1 - Eff. 1/2008



SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545 L.M...H.A.A.M.....hlah.h.h.h.h.h.h.

