FORM 1	STATEMENT OF	2006	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERI	ESTS	
LAST NAME FIRST NAME MIDDLE NAI BRILL HARLES MAILING ADDRESS : ZIO SE 2 ^M ST	PATRICK	FOR OFFICE USE ONLY:	
CAPE ORAC F2 NAME OF AGENCY : CITY OF FORT MYER NAME OF OFFICE OR POSITION HELD OF TRUSTEE You are not limited to the/space on the lines on	this form. Attach additional sheets, if necessary.	ID No.	
CHECK ONLY IF Z CANDIDATE OR			
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: SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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): OR OR OR			
PART A PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOME	E [Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
FORT Myer FIRE Deps	- 2404 Dr MLIE BIVIS	FIREFIGHTER	
	ME OF MAJOR SOURCES ADDI	of income to businesses owned by the reporting person] RESS PRINCIPAL BUSINESS DURCE ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, buildi	ngs owned by the reporting person]	FILING INSTRUCTIONS for when and where to file this form are locat- ed 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 [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
/ 1	10			
N / /				
N/ 1-	H	······································		
└──── └ ──				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS	OF CREDITOR		
	V A			
	11			
PART F — INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or positions in certain types of businesse	ss]		
BUSINESS	S ENTITY # 1 BUSINESS ENTITY # 2	2 BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	. /			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY	n // // >			
POSITION HELD WITH ENTITY	11/0/10			
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 SHE			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required): 7/3/07				
	FILING INSTRUCTIONS:	V		
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE:		
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	<i>Initially</i> , each local officer/employee, state officer, and specified state employee must		
sheet (pages 1 and 2) for filing.	your annual disclosure filing, return the form to that location.	file within 30 days of the date of his or her appointment or of the beginning of employ-		
If you have nothing to report in a particular section, you must write "none" or "n/a" in that	Local officers/employees file with the Supervisor	ment. Appointees who must be confirmed by the Senate must file prior to confirmation, even		
section(s).	of Elections of the county in which they perma- nently reside. (If you do not permanently reside	if that is less than 30 days from the date of their appointment.		
Facsimiles will not be accepted.	in Florida, file with the Supervisor of the county where your agency has its headquarters.)	Candidates for publicly-elected local office		
NOTE:	State officers or specified state employees	must file at the same time they file their qualifying papers.		
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a	file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical	Thereafter, local officers/employees, state		
calendar or fiscal year is not required to file a second Form 1 for the same year. However, a	address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.	officers, and specified state employees are required to file by July 1st following each		

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.

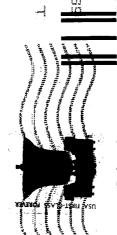
calendar year in which they hold their positions.

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.

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.

CE FORM 1 - Eff. 1/2007





T T MP COCS BUA TO FORT MYERS FL 339

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