FORM 1	STATEMENT O	2006							
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	ESTS							
LAST NAME FIRST NAME MIDDLE N BUTT DEFEK MAILING ADDRESS :	iame: C.S. Road	FOR OFFIC USE ONLY:							
Fort myers	E 77UN133								
Lec County La	A planning Agency	¥ ∣	ID No.						
BOARD Member	P. Req. Code								
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF  CANDIDATE OR 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, 2006     QR     PR     PROTING 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									
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY								
School District Lee Ci AIM Engenering	Cr	(DU+ (Feb Présent insulting (until Feb 07)							
		of income to busi RESS OURCE	nesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE						
a			LING INSTRUCTIONS for when ad where to file this form are locat- l at the bottom of page 2.						
	ISTRUCTIONS on who must file is form and how to fill it out begin n page 3.								
			THER FORMS you may need to e are described on page 6.						

PART D — INTANGIBLE PERSO TYPE OF INTANGI		ocks, bonds, certific		IICH THE PROPERTY RELATES	_
Stoctt / less 1	han \$10,000	Lowe	5		
( Na	HT	Sunco	ast Schools	FCU	
	<u> </u>			<u></u>	
PART E — LIABILITIES [Major d NAME OF CRED	•	1	ADDRESS	OF CREDITOR	
Sunccast School	SFCU	matth	EW Drive, Fr	ort myess, FL	
	rica	IST ST	reet Fort n	nuers, FL	
0			(	<u> </u>	
PART F — INTERESTS IN SPECI	FIED BUSINESSES	Ownership or position	ons in certain types of businesses	s]	
	BUSINESS EN		BUSINESS ENTITY # 2	2 BUSINESS ENTITY # 3	
NAME OF 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					
SIGNATURE (required):	en Qe f	2 VIIIA	DATE S	SIGNED (required): 2 EMay 2007	
	F	LING INS	STRUCTIONS:		
WHAT TO FILE: After completing all parts of this signing and dating it, send back sheet (pages 1 and 2) for filing. If you have nothing to report	form, including li conly the first c y ti	WHERE TO FIL f you were mailed t on Ethics or a Count your annual disclose hat location.	E: he form by the Commission by Supervisor of Elections for are filing, return the form to	WHEN TO FILE: Initially, each local officer/employee, sta officer, and specified state employee mu file within 30 days of the date of his or h appointment or of the beginning of emplo ment. Appointees who must be confirmed	ust ner oy-
section, you must write "none" of section(s).	or "n/a" in that	of Elections of the o	oyees file with the Supervisor county in which they perma-	the Senate must file prior to confirmation, ev if that is less than 30 days from the date of th	/en

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.

le. (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.

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.