FORM 1	STATEM	ENT OF	2006		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS			
Butler Du	name Rene!	FOR OF			
MAILING ADDRESS:			NOF		
			ID Code		
Lehigh Acres	ZIP: COUNTY: 33971 Lee		ID No.		
NAME OF AGENCY: City of	Fort Myers		Conf. Code		07JUN14PM0442SOE
	sing Courdinate		P. Req. Code		34450
You are not limited to the space on the lin CHECK ONLY IF CANDIDATE	es on this form. Attach additional sheets, OR NEW EMPLOYEE OR AF			PDF 2006	9130K
DISCLOSURE PERIOD:	**BOTH PARTS OF THIS SECTI				ا ج
THIS STATEMENT REFLECTS YOUR F A FISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2006	OW WHETHER THIS STATEMENT IS	ECEDING TAX YEAR, WHETHI FOR THE PRECEDING TAX YI TAX YEAR IF OTHER THAN TH	EAR ENDING EITHER	(check one):	N
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS	ABLE INTERESTS:				- CH
REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE	OR USING COMPARATIVE THRESH STATE BELOW WHETHER THIS STA	OLDS, WHICH ARE USUALL' TEMENT REFLECTS EITHER	Y BASED ON PERCE (check one):	NTAGE VALUES (s	ee
COMPARATIVE (PERCENTAGE) THRESHOLDS (<u>DR</u> D	OLLAR VALUE THRES	SHOLDS	
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	SOU	e reporting person] RCE'S RESS		F THE SOURCE'S SINESS ACTIVITY	
PART B SECONDARY SOURCES O	F INCOME [Major customers, clients,	and other sources of income to	businesses owned by	the reporting person]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	•	NCIPAL BUSINESS IVITY OF SOURCE	
				. , , , ,	
PART C REAL PROPERTY [Land, I	buildings owned by the reporting person	1]	FILING INSTR and where to file ed at the bottom	this form are loca	
			INSTRUCTION	S on who must f	
Mary 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12			on page 3.	•	
			OTHER FORM file are described		to

	PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
PART E — LIABILITIES [Major d NAME OF CRED	ADDRESS OF CREDITOR					
PART F — INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or posit	ons in certain types of busines	sses]		
	BUSINESS ENT	ITY # 1	BUSINESS ENTITY	#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): DATE SIGNED (required): 00/13/2007						

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.

CE FORM 1 - Eff. 1/2007 PAGE 2

FORM 1		STATEM			2006		
Please print or type your name, mailing address, agency name, and position below:							
LAST NAME - FIRST NAME - MIDDLE NAME: Butler Danielle Rene!				FOR OFF			
MAILING ADDRESS: 1116 Angelo					alan sa Anada sa Alanana ana	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
					I ID Co	ode	
Lehigh Acres 33971 Lee					ID No). ពី ដ	
City of Fort Hyers				Conf.	Code		
NAME OF ACTION OF FORT HYELD OR SOUGHT: SENIOR STAFF ASSISTANT					P. Re	q. Code	
You are not limited to the space on the L CHECK ONLY IF CANDIDATE			· · · · · · · · · · · · · · · · · · ·			PDF 2006	
"BOTH PARTS OF THIS SECTION MUST BE COMPLETED" DISCLOSURE PERIOD:							
THIS STAD-MENT 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 FLEWER 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 (PERCENTAG			DR [_		ALUE 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			
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PART B SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of NAME OF MAJOR SOURCES ADDRESSINCES OF SO			ESS	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
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PART C REAL PROPERTY [Land, buildings owned by the reporting person]					FILING INSTRUCTIONS for when 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.			
	and the second of the second o				ОТНЕ	ER FORMS you may need to	

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc.) TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				HE PROPERTY RELATES			
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PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
		A 777. N. A.					
		de de la composition					
PART F — INTERESTS IN SPECI	IFIED BUSINESSES [O	anership or position	ons in certain types of businesses]				
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BÚSTJESS ENTITY ADORESS CE							
BUSINESS ENTITY PRINCIPAL BUSINESS							
ACTIVITY POSITION HELD	- Mandilla commerci schallender a Mandilla Gordon State Commercia						
WITH ENTITY FOWN MORE THAN 4.5%							
INTEREST IN THE BUSINESS NATURE OF MY							
OWNERSHIP DITEREST							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): DATE SIGNED (required): 1/05/2007							
FILING INSTRUCTIONS:							

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