FORM 1		STATEMENT OF			2005		
Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIAL	INTERES	STS			
LAST NAME FIRST NAME MIDD	LE NAME		F	FOR OFF	FICE		
Campbell, Geoffrey Howard				USE ON	_Y:	_	
MAILING ADDRESS :						<u> S</u>	
12424 Green Stone Court						ode 2	
CITY: Fort Myers	ZIP : 339				IDN	o. 25 25	
NAME OF AGENCY : Heritage Bay CDD					Conf	OGAPROGAMO936 SUE Lee Code	
NAME OF OFFICE OR POSITION HE Board Member	LD OR S	OUGHT :			P. Re	eq. Code Ö	
CHECK ONLY IF CANDIDATE	OR	NEW EMPLOYEE OR AF	PPOINTEE			PDF 2005	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	FINANC LOW WH 5 RTABLE I RS THE G, OR US	HETHER THIS STATEMENT IS OR SPECIFY NTERESTS: OPTION OF USING REPORE SING COMPARATIVE THRESH	ECEDING TAX YEAR, FOR THE PRECEDING TAX YEAR IF OTHER TING THRESHOLDS HOLDS, WHICH ARE U	WHETHI G TAX YE THAN TH THAT AF	EAR EN HE CALE RE ABS Y BASEI	DING EITHER (check one): :NDAR YEAR: OLUTE DOLLAR VALUES, WHICH O ON PERCENTAGE VALUES (see	
COMPARATIVE (PERCENTAG			<u>OR</u> ✓	_		VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME	NCOME		RCE'S	1		SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY	
Mainline Information Systems		1700 Summit Lake Drive, Tallahassee, FL 32317		17 0	Salary	INOITAL DOGINEOU ACTIVITY	
Mainine mornator eyecone		1700 Sullillik Lake Dive,	I dilailassee, i L 323 i	"	Salai y		
Schering-Plough		2000 Galloping Hill Road, Kenilworth, NJ 07033		3 5	Salary		
Lennar		10481 Six Mile Cypress Pl	kwy, Ft. Myers, FL 33	3912	Salary		
NAME OF NAME OF MA		E [Major customers, clients, and other sources of income to OF MAJOR SOURCES ADDRESS BUSINESS' INCOME OF SOURCE		s	ousiness	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
- CONTRIBUTACION - TOTAL PROGRAMMA A CONTRIBUTACION - TOTAL PROGRAMMA - TOTAL							
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.		
Primary Home - Ft. Myers, FL 3391:	3				INST	RUCTIONS on who must file rm and how to fill it out begin	
						R FORMS you may need to described on page 6.	

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PART D — INTANGIBLE PERSO TYPE OF INTANGI		ks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHICH	THE PROPERTY RELATES			
IRA, Brokerage Account		Personal Accounts					
, , , , , , , , , , , , , , , , , , ,							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
Chase		13051 University Drive, Ft. Myers, FL 33907					
PART F — INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or position	ons in certain types of businesses]				
	BUSINESS ENTI	TY#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):	J. N-/////	DATE SIGNED (required): 3/28/06					

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.

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.

FILING INSTRUCTIONS:

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.