FORM 1	STATEMEN		2007					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL IN	TERESTS						
LAST NAME - FIRST NAME MIDDLE NAM	AME: A	FOR OF		08MAR279M1113				
2815 SW 32 NO	1 51		I ID Code					
CAPE CORAC	- FL 33914 L	ee !						
	COUNTY:		ID No.	© E# ○				
LEE COUNTY E	Conf. Code							
NAME OF OFFICE OR POSITION HELD OF ASSISTANT SUCKE	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, 2007 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 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 OR DOLLAR VALUE THRESHOLDS								
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the report SOURCE'S ADDRESS	ing person]	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
LEE COUNTY Election	5 2480 THOMPSON ST,	FUET MYERS	COURT	y govit				
PART B SECONDARY SOURCES OF IN NAME OF BUSINESS ENTITY	ICOME [Major customers, clients, and other AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	1	d by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
NIA				:				
7								
PART C REAL PROPERTY [Land, build		TRUCTIONS for when file this form are locatom of page 2.						
				ONS on who must file how to fill it out begin				
			OTHER FOI	RMS you may need to				

PART D — INTANGIBLE PERSOI TYPE OF INTANGIE		cks, bonds, certifica	ates of deposit, etc.] BUSINESS ENTITY TO WHICH THE	E PROPERTY RELATES		
	NA					
				· · · · · · · · · · · · · · · · · · ·		
PART E — LIABILITIES [Major do NAME OF CREDI		1	ADDRESS OF CRE	EDITOR		
SUNCONST SCHOOLS FED CREDIT UNION, 920 E. HILS borough AVE, TAMPA 33610						
			·			
:		,				
PART F — INTERESTS IN SPECIF	TED BUSINESSES [Ownership or position	ns in certain types of businesses]			
	BUSINESS EN	TITY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY) /A				
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):	e Co	RL	DATE SIGNED	(required): 3/25/08		
FILING INSTRUCTIONS:						

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.

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.

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.

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 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.

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