| FORM 1 | STATEM | ENT OF | | 2006 | | | |
|---|---|--------------------------------------|--|---------------------------------------|--|--|--|
| Please print or type your name, mailing address, agency name, and position below. | FINANCIAL | INTERESTS | 6 | · · · · · · · · · · · · · · · · · · · | | | |
| LAST NAME FIRST NAME MIDDLE Clemens Robert MAILING ADDRESS : 1780 Emerald Core | Gene | FOR OUSE OF | | | | | |
| CITY: CRIPE Grad FL NAME OF AGENCY: Lee County David of NAME OF OFFICE OR POSITION HELE Land Acquisition Me You are not limited to the space on the lime | | ID No. Conf. Code P. Req. Code | | | | | |
| CHECK ONLY IF CANDIDATE OR CANDIDATE OR POLOYEE 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): Image: Imag | | | | | | | |
| PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME | 1 | OF THE SOURCE'S JSINESS ACTIVITY | | | | | |
| Lee County BOCC | P.O. Box 398, Ft. | Myers, FL 33902 | - County Government | | | | |
| | | | | | | | |
| PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY | COME [Major customers, clients, and other sources of inco AME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURC | | e to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | | |
| | | | | | | | |
| | | | | | | | |
| PART C REAL PROPERTY [Land, bu | FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2. | | | | | | |
| 1780 Emerold Cove C. 1305 SLV 4th Place, C | INSTRUCTIONS on who must file this form and how to fill it out begin | | | | | | |
| TH SWGth Ave, CAP 11 SWGth Ave, CAP 11027 SWGth Ave, CAP | on page 3. OTHER FORMS you may need to file are described on page 6. | | | | | | |

CE FORM 1 - Eff. 1/2007 (Continued on reverse side)

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | | |
|--|--------------|---|---------------------------------------|---------------------|--|--|
| Savings Acct | | Surcoast Schools Federal Credit Union | | | | |
| | | Wechovia Bank | | | | |
| Check & Savings & Stack Acct | <u> </u> | Ameritante | | | | |
| Deferved Comp - 457(6) | | Nationwide Retirement Solutions | | | | |
| | | | | | | |
| | | | | | | |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | |
| Coloned Bank NA. | | 2510 Santa Bonhara Blid. Case Coral, FL 33714 | | | | |
| Iron Store Bask | | 2127 Det Prado Blud S., Cope Coral FL 33990 | | | | |
| Third Federal S+L | | 1960 Schrock Road, Columbus, OH 43229 | | | | |
| | | | , , , , , , , , , , , , , , , , , , , | | | |
| | | | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] | | | | | | |
| | BUSINESS ENT | ITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 | | |
| NAME OF BUSINESS ENTITY | | | | | | |
| ADDRESS OF BUSINESS ENTITY | | | | | | |
| PRINCIPAL BUSINESS | | | | | | |
| POSITION HELD WITH ENTITY | | | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | <u> </u> | - <u>-</u> | | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | | | | |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | | | |
| SIGNATURE (required): for Clemur DATE SIGNED (required): 5-22-07 | | | | | | |

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.