FORM 1	STATEMENT C	F	200,6 7
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTE	RESTS	, <u>, , , , , , , , , , , , , , , , , , </u>
LAST NAME FIRST NAME MIDDLE NAM		FOR OFFICE USE ONLY:	
9990 Coconcer 1	Richard . Load , Suite 201		
CITY : ZIF	·		Code Code Code Code Code Code Code Code
Bonita Springs 34.	135-3438 Lea	ID No	р. 12 Рис
Meditive North	SOUGHT:		Code 22
Supervisor			
You are not limited to the space on the lines on t CHECK ONLY IF CANDIDATE OR	his form. Attach additional sheets, if necessary.	Nor	PDF 200
A FISCAL YEAR. PLEASE STATE BELOW W DECEMBER 31, 2005 MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR U	INTERESTS: OPTION OF USING REPORTING THRESHO SING COMPARATIVE THRESHOLDS, WHICH E BELOW WHETHER THIS STATEMENT REFL	CEDING TAX YEAR END THER THAN THE CALE DLDS THAT ARE ABSC ARE USUALLY BASED ECTS EITHER (check or	ING EITHER (check one): NDAR YEAR: DUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see
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Bonto Bay Group	9990 Course Rd	. Los	I acomposit
	10220 Monge FL 37135-89	428	
NAME OF NA		es of income to business DDRESS SOURCE	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
			· · · · · · · · · · · · · · · · · · ·
PART C REAL PROPERTY [Land, building	is owned by the reporting person]	and w	G INSTRUCTIONS for when here to file this form are locat- he bottom of page 2.
			RUCTIONS on who must file rm and how to fill it out begin ge 3.
			ER FORMS you may need to e described on page 6.

PART D INTANGIBLE PERSONAL PROP TYPE OF INTANGIBLE	ERTY [Stocks, bonds, cer	rtificates of deposit, etc.] BUSINESS ENTITY TO WHI	ICH THE PROPERTY RELA	TES		
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				12m03		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	I	ADDRESS	OF CREDITOR	<u>3</u> 800 800 800 800		
PART F — INTERESTS IN SPECIFIED BUSIN	ESSES [Ownership or po	ositions in certain types of businesses	3]			
	INESS ENTITY # 1	BUSINESS ENTITY # 2	-	SS ENTITY # 3		
NAME OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY POSITION HELD						
I OWN MORE THAN A 5%						
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROU	GH F ARE CONTINU	UED ON A SEPARATE SHE		HERE		
SIGNATURE (required):	mu	DATE S	IGNED (required):	08		
	FILING I	NSTRUCTIONS:				
WHAT TO FILE: After completing all parts of this form, includ signing and dating it, send back only the to sheet (pages 1 and 2) for filing.	ling If you were mail first on Ethics or a C your annual dis that location.	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.		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 he appointment or of the beginning of employ ment. Appointees who must be confirmed b		
If you have nothing to report in a particular section, you must write "none" or "n/a" in the section(s).	hat of Elections of t nently reside. (h	mployees file with the Supervisor the county in which they perma- f you do not permanently reside with the Supervisor of the county	ment. Appointees who n the Senate must file prior if that is less than 30 days appointment.	to confirmation, even		
Facsimiles will not be accepted.		ncy has its headquarters.)	Candidates for publicly	-elected local office		

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

Candidates file this form together with their

falls under, see the "Who Must File" Instructions

To determine what category your position

201, Tallahassee, FL 32312.

qualifying papers.

on page 3.

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.

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.

NOTE:

FORM 1	FORM 1 STATEMENT OF					20067
Please print or type your name, mailing address, agency name, and position be		FINANCIAL I	INTERESTS			
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9990 Coconu	71	Road #200	>	ID Co	de	Ř
Bonile Springs	ZIP : 3413	COUNTY: 5-8485 L	e.e.	ID No).	OBJUN12PM0358 SDE
IAME OF AGENCY :// Mest : 2	ELD OR S	OUGHT: 2 Declas	to Unit		Code q. Code	38 Se
Scy ev 7300 ou are not limited to the space on the CHECK ONLY IF CANDIDATE		s form. Attach additional sheets, if r NEW EMPLOYEE OR APPO		$\cdot)^{-}$		ா ு PDF 20இத
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ART D — INTANGIBLE PERSO TYPE OF INTANGI		[Stocks, bonds, certifi		ICH THE PROPERTY RELATES	
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PART E - LIABILITIES [Major d				õ	
NAME OF CRED	ITOR		ADDRESS	OF CREDITOR	
PART F — INTERESTS IN SPECIF				-	
NAME OF	BUSINESS	S ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY #	3
BUSINESS ENTITY ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS		<u> </u>			
ACTIVITY POSITION HELD					<u>.</u>
WITH ENTITY					
INTEREST IN THE BUSINESS NATURE OF MY					
OWNERSHIP INTEREST					
IF ANY OF PARTS A	. THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE]
SIGNATURE (required):			DATE S	IGNED (required):	
for	T Cum	U		6-9-08	
		FILING IN	STRUCTIONS:		
		WHERE TO FIL	LE:	WHEN TO FILE:	
			you were mailed the form by the Commission Initially, each local officer/employee, officer a County Supervisor of Elections for		e, state
sheet (pages 1 and 2) for filing.	-		sure filing, return the form to	file within 30 days of the date of his appointment or of the beginning of	s or her
If you have nothing to report section, you must write "none" o		Local officers/emp	oloyees file with the Supervisor	ment. Appointees who must be confi	rmed by
section(s).	n nza mitnat		county in which they perma-	the Senate must file prior to confirmation if that is less than 30 days from the date	

Facsimiles will not be accepted.

NOTE:

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nently 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.

appointment.

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