

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

CRANE HAROLD

MAILING ADDRESS :

23730 NAPOLI WAY

CITY :

BONITA SPRINGS

ZIP :

34134

COUNTY :

LEE

NAME OF AGENCY :

BAYSIDE IMPROVEMENT DISTRICT

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

SUPERVISOR

FOR OFFICE
USE ONLY:

ID Code

ID No.

Cont. Code

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 INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
MANAGEMENT ANALYTIX INC	23730 NAPOLI WAY BONITA SPRINGS FL 34134	CONTRACT WITH DHS
SOCIAL SECURITY	1 JAMAICA CENTER PLAZA JAMAICA NY 11432-3898	
TIAA CREF	730 THIRD AVE NEW YORK NY 10017-3206	RETIREMENT FUND
FIDELITY	FIDELITY MANAG. TRUST CO PO BOX 770001 CINCINNATI OH 45277	MANAGEMENT ANALYTIX RETIREMENT FUND

PART B -- SECONDARY SOURCES OF 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	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
DHS / CUSTOMS & BORDER PROTECTION			
MANAGEMENT ANALYTIX - BORDER PROTECTION	CUSTOMS & BORDER PROTECTION		CONTROL COMMERCE IN CARGO ENTERING US

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

23730 NAPOLI WAY BONITA SPRINGS FL 34134
 9680 ROSEWOOD PT TERR BONITA SPRINGS FL 34134 (50%)
 1022 CHAPEL AV LEHIGH ACRES FL
 1021 CHAPEL AV LEHIGH ACRES FL
 5550 BECK ST LEHIGH ACRES FL

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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

STOCK

MANAGEMENT ANALYTIX INC

~~IRA~~ RETIREMENT FUNDTIAA/CREF 730 3RD AVE NEW YORK NY 10017

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

~~BANK UNITED~~
~~MORTGAGE ON C~~7815 NW 14TH ST MIAMI LAKES FL 33016

CHEVY CHASE BANK

7501 WISCONSIN AVE BETHESDA MD 20814

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF
BUSINESS ENTITYADDRESS OF
BUSINESS ENTITYPRINCIPAL BUSINESS
ACTIVITYPOSITION HELD
WITH ENTITYI OWN MORE THAN A 5%
INTEREST IN THE BUSINESSNATURE OF MY
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

Acrame

DATE SIGNED (required):

6/14/2008

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.

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.

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 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.