FORM 1 — STATEMENT OF FINANCIAL INTERESTS — 2007

COPY

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

LAST NAME – FIRST NAME – MIDDLE NAME : Cristaldi Steven Charles

MAILING ADDRESS : 2803 SW 36th TERR.

CITY : Cape Coral ZIP : 33914 COUNTY : LEE

NAME OF AGENCY : Planning + Zoning

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Commissioner

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

FOR OFFICE USE ONLY:

RECEIVED JUL 1 6 2008 SUPERVISOR OF ELECTIONS

UNORIGINAL

ID No.

Conf. Code

P. Req. Code

JUL 1 6 2008 3:15pm

SEE ATTACHED FINANCIAL

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

ORIGINAL

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

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.

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.

SC

COMMUNITY BANK OF CAPE CORAL
(Name of Lender)

E OF CREDIT -- CHECK THE APPROPRIATE BOX

Individual -- If you check this box, provide Financial Information only about yourself.

Joint, with ______________________ Relationship ______________________ If you check this box, provide Financial Information about yourself and the other person.

PERSONAL FINANCIAL STATEMENT OF

NOTE: Any willful misrepresentation could result in a violation of Federal Law (Sec. 18 U.S.C. 1014)

Name: Steven Cristaldi Birth Date: Jan. 02, 1956 Statement Date ______

Address: 2803 SW 36th Terrace City: Cape Coral State/Zip: FL 33914 Social Sec. No: 136 42 6797

Home Phone: 541-0806 No. of Dependents: 3 Bus. or Occupation: Sales / Firestone Bus. Phone: 218-0816

NOTE: Complete all of Section II BEFORE Section I

SECTION I

	ASSETS		THOUSANDS	HUNDREDS	CENTS		LIABILITIES		THOUSANDS	HUNDREDS	CENTS
1	Cash On Hand & In Banks	Sec. II-A	16	000	00	21	Notes Due to Banks	Sec. II-A	13	000	000
2	Cash Value of Life Insurance	Sec. II-B				22	Notes Due to Relatives & Friends	Sec. II-H			
3	U.S. Gov. Securities	Sec. II-C				23	Notes Due to Others	Sec. II-H			
4	Other Marketable Securities	Sec. II-C	33	000	00	24	Accounts & Bills Payable	Sec. II-H	20	000	000
5	Notes & Accounts Receivable - Good	Sec. II-D				25	Unpaid Income Taxes Due - ☐ Federal ☐ State				
6	Other Assets Readily Convertible to Cash - Itemize					26	Other Unpaid Taxes & Interest				
7						27	Loans on Life Insurance Policies	Sec. II-B			
8						28	Contract Accounts Payable	Sec. II-H			
9						29	Cash Rent Owed				
10	TOTAL CURRENT ASSETS					30	Other Liabilities Due within 1 Year - Itemize				
11	Real Estate Owned	Sec. II-E	7583	333	67	31					
12	Mortgages & Contracts Owned	Sec. II-F				32					
13	Notes & Accounts Receivable - Doubtful	Sec. II-D				33	TOTAL CURRENT LIABILITIES		33	000	00
14	Notes Due From Relatives & Friends	Sec. II-D				34	Real Estate Mortgages Payable	Sec. II-E	3260	000	000
15	Other Securities - Not Readily Marketable	Sec. II-C				35	Liens & Assessments Payable				
16	Personal Property	Sec. II-G	250	000	00	36	Other Debts - Itemize				
17	Other Assets - Itemize					37					
18						38	Total Liabilities		3260	000	000
19						39	Net Worth (Total Assets minus Total Liabilities)				
20	TOTAL ASSETS		7,882	333	67	40	TOTAL LIABILITIES & NET WORTH		4,622	333	67

ANNUAL INCOME		ESTIMATE OF ANNUAL EXPENSES	
Salary, Bonuses & Commissions	$ 111,074	Income Taxes	$
Dividends & Interest	$	Other Taxes	$
Rental & Lease Income (Net)	$ 30,800	Insurance Premiums	$
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Other Income - Itemize	$	Mortgage Payments	$
		Rent Payable	$
Provide the following information only if Joint Credit is checked above.		Other Expenses	$
Other Persons Salary, Bonuses & Commissions	$		$
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Other Income of Other Person - Itemize	$		$
			$
TOTAL	$	TOTAL	$

GENERAL INFORMATION	CONTINGENT LIABILITIES	
Are any Assets Pledged? ☐ No ☐ Yes (See Section II)	As Endorser, Co-maker or Guarantor	$
Are you a Defendant in any Suits or Legal Actions? ☐ No ☐ Yes	On Leases or Contracts	$
(Explain):	Legal Claims	$
Have you ever been declared Bankrupt in the last 10 years? ☐ No ☐ Yes	Federal - State Income Taxes	$
(Explain):	Other -	$

SECTION II

CASH IN BANKS AND NOTES DUE TO BANKS

(List all Real Estate Loans in Section II-E)

NAME OF BANK	Type of Account	Type of Ownership	On Deposit	Notes Due Banks	COLLATERAL (If Any) & Type of Ownership
			$	$	
		Cash on Hand $			

SR

COMPANY	Face of Policy	Cash Surrender Value	Policy Loan from Insurance Co.	Other Loans Policy as Collateral	BENEFICIARY
	$	$	$	$	
		TOTALS $	$		

SECURITIES OWNED (Including U.S. Gov't Bonds and all other Stocks and Bonds)

Face Value -Bonds No. of Shares Stock	DESCRIPTION Indicate those Not Registered in Your Name	Type of Ownership	COST	Market Value U.S. Gov. Sec.	Market Value Marketable Sec.	MARKET VALUE Not Readily Marketable SECURITIES	Amount Pledged to Secured Loans
20,000	VEXP	IRA	5.00		1.28		$
			TOTALS	$	$ 25,600	$	

NOTES AND ACCOUNTS RECEIVABLE (Money Payable or Owed to You Individually-Indicate by a ✓ If Others have an Ownership Interest)

MAKER/DEBTOR	✓	When Due	Original Amount	Balance Due Good Accounts	Balance Due Doubtful Accounts	Bal. Due Notes Rel. & Friends	SECURITY (If Any)
			$	$	$	$	
			TOTALS	$	$	$	

REAL ESTATE OWNED (Indicate by a ✓ If Others have an Ownership Interest)

TITLE IN NAME OF	✓	Description & Location	Date Acquired	Original Cost	Present Value of Real Estate	Amount of Ins. Carried	Bal. Due	Payment	Maturity	To Whom Payable
[illegible]		2303 SW 36 TR	2006	$1,125	$ 1.25 M	$ Full	980	7K		Chase
		2023 SE 28 TR	1998	157K	650 K	Full	550	2K		GMAC
[illegible]	✓	9.3 ACRES	2005	2.25m	5M	Full	2-5M	12K		Commercial B
Rapid Fire LLC	✓	DEL PRADO	2004	6.5M	15 M	Full	4 M	20K		Southern Bank
				TOTAL	$ 21,900,000	TOTAL	$ 8030000			

MORTGAGES AND CONTRACTS OWNED (Indicate by a ✓ If Others have an Ownership Interest)

Cont.	Mtge.	✓	MAKER Name	MAKER Address	PROPERTY COVERED	Starting Date	Payment	Maturity	Balance Due
							$		$
								TOTALS	$

PERSONAL PROPERTY (Indicate by a ✓ If Others have an Ownership Interest)

DESCRIPTION	✓	Date When New	Cost When New	Value Today	Balance Due	To Whom Payable
Automobiles 2006 Mercedes		06	$ 75K	$ 37K	$ Lease	Mercedes Credit
2003 Lexus LS430		03	67K	25K	13K	Comm Bank
2006 Action Craft Boat		06	75K	55K	—	
2004 SEA DOO		04	12 K	6K	—	
		TOTAL		$ 123,000		

NOTES (Other than Bank, Mortgage and Insurance Company Loans). ACCOUNTS AND BILLS AND CONTRACTS PAYABLE

PAYABLE TO	Other Obligors (If Any)	When Due	Notes Due To Rel. & Friends	Notes Due "Others" (Not Banks)	Accounts & Bills Payable	Contracts Payable	COLLATERAL (If Any)
			$				
		TOTALS	$				

[illegible] Authorization is hereby given to the Lender to verify in any manner it deems appropriate [illegible]

Date Signed 5-06-08 Signature ______ Signature ______

(Other Person If Applicable)

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR

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 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): DATE SIGNED (required):

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.