FORM 1	STATEMENT OF		. <u></u>	2006	
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS			
LAST NAME FIRST NAME MIDDLE D'ALESSANDRO MAILING ADDRESS:	NAME: JOSEPH P	FOR OF	ICE Y:	707JU_(
Fr. MyERS A CITY: HOUSING AUTHORITY NAME OF AGENCY:	33901 LES ZIP: COUNTY: City OF Ft. My	; Y	IDN	O7JULQ3PM1206SDELee CoF	
NAME OF OFFICE OR POSITION HELI You are not limited to the space on the line CHECK ONLY IF \(\int \) CANDIDATE	O OR SOUGHT :)		P. R	leq. Code	
On Edit of the State of the Sta					
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, 2006 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 INC NAME OF SOURCE OF INCOME	SOU	he reporting person] RCE'S RESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
STATE OF FLORIDA	TA 114/1 A 9588			En For State Attornay	
			AU"_	JUNEAU CI POULT	
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to be ADDRESS OF SOURCE	usiness	ses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Goldberg RACILA		1533 HENdry	ST.	Attorney At LAW	
D'A1ESSANdrox		Ft Mysrs Fl. 3	341	,	
NOONE LLC		,			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] LOTS 55 Thris 60 Block 3919 CAPE COVAL F1. UNIT 54, BOOK 19 PAGE 797691			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.		
			отн	ER FORMS you may need to	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto TYPE OF INTANGIBLE	tocks, bonds, certificates of deposit, etc.] I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Bank Acrounts	Edison NAT. BANK, SUNTRUST BK, 5th 31st BANK SUNCOAST			
Stocks	Credit Union DBS Movey Market Account Right atom			
	Therapy Chicon Exxun Block & Baux of America,			
	Bong- Warner; INTEL, Coldwater, GENERA Motion			
	Bonds Proctor's Gamble, ALIANCE BONDS			
	, , , , , , , , , , , , , , , , , , , ,			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR			
GMAC Home Mortgage	P. O. BOX 10430 VAN Noys, CA. 91410			
PART F — INTERESTS IN SPECIFIED BUSINESSES [(
NAME OF BUSINESS ENTITY	WITT#1 BUSINESS ENTITE#2 BUSINESS ENTITE#3			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY	'ž-			
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): Joseph F. W. Alemandia DATE SIGNED (required): 7-1-07				
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 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.

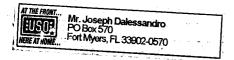
WHEN TO FILE:

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.



FORT MYERS FL 339

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Supervisor of Elections P.O. Boy 2545 FORT MYERS, Fl. 33902

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