| FORM 1 STATEMENT OF | | | · | 2006 | | |
|---|------------|------------------|------------------|----------|--|--|
| Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS | | | | | | |
| MAILING ADDRESS : | RGARET) A | NNE | FOR OF USE ON | | 'OTMAY | |
| FORT MYERS FL 33901 LEE CITY: ZIP: COUNTY: | | | | | ode o. Code | |
| FORT MYERS PLANNING BOARD (CITY) NAME OF AGENCY: PLANNING BOARD MEMBER | | | | | | |
| NAME OF OFFICE OR POSITION HELD OR SOUGHT : P. Req. Code You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. P. Req. Code CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE CANDIDATE OR | | | | | | |
| **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): Image: Comparative (PERCENTAGE) THRESHOLDS OR Image: Comparative (PERCENTAGE) THRESHOLDS OR | | | | | | |
| PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME SOURCE'S | | | | | CRIPTION OF THE SOURCE'S | |
| TOWN of Fort Myers ! | etch 2523: | Ester Blud, FMB, | PL 339 | 3/ | gevenment | |
| | | | | | | |
| PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income of MAME OF NAME OF MAJOR SOURCES ADDRES NAME OF NAME OF MAJOR SOURCES ADDRES BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCES | | | DRESS | business | es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| | | | | | | |
| | | | | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person] | | | | and w | G INSTRUCTIONS for when here to file this form are locat- he bottom of page 2. | |
| Isidence, 1272 Biltmore Diffe Ff Wyers Fl | | | | INST | RUCTIONS on who must file rm and how to fill it out begin | |
| | | rig a my | P/ | отне | ER FORMS you may need to e described on page 6. | |

| PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE | | IICH THE PROPERTY RELATES | | | | |
|--|---|--|--|--|--|--|
| 1PAS - MITION /refirement | sde proprietorship - AUN | | | | | |
| Accor | · | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PART E — LIABILITIES [Major debts] | | · · | | | | |
| NAME OF CREDITOR | ADDRESS | ADDRESS OF CREDITOR | | | | |
| Bank of Averica monting | AMANTA GA. | | | | | |
| Barle of America montgan | Atlanta 6A | | | | | |
| welle Fargo weitige. | Mtlanta GA. | | | | | |
| U U | | | | | | |
| | | | | | | |
| | S [Ownership or positions in certain types of businesses | | | | | |
| NAME OF | S ENTITY # 1 BUSINESS ENTITY # 2 | 2 BUSINESS ENTITY # 3 | | | | |
| ADDRESS OF | ANNE DAITON | | | | | |
| BUSINESS ENTITY 2444 5ms 4 | Plan rr Myor ri. | | | | | |
| ACTIVITY /AW J.r. | | | | | | |
| WITH ENTITY QWNC/Sold | -poprioti ship | | | | | |
| INTEREST IN THE BUSINESSSele ConstraintsNATURE OF MY OWNERSHIP INTERESTSele Constraints | NO | | | | | |
| | | | | | | |
| IF ANY OF PARTS A THROUGH F | ARE CONTINUED ON A SEPARATE SHE | ET, PLEASE CHECK HERE | | | | |
| SIGNATURE (required): | DATE S | SIGNED (required): | | | | |
| 120NX | | 125/07 | | | | |
| | FILING INSTRUCTIONS: | | | | | |
| WHAT TO FILE: | WHERE TO FILE: | WHEN TO FILE: | | | | |
| After completing all parts of this form, including signing and dating it, send back only the first | If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for | <i>Initially</i> , each local officer/employee, state officer, and specified state employee must file within 20 days of the date of his or has | | | | |
| sheet (pages 1 and 2) for filing. | your annual disclosure filing, return the form to that location. file within 30 days of the date of his or her appointment or of the beginning of employ- | | | | | |
| If you have nothing to report in a particular section, you must write "none" or "n/a" in that | Local officers/employees file with the Supervisor of Elections of the county in which they perma- | | | | | |
| section(s). | nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county | | | | | |
| Facsimiles will not be accepted. | where your agency has its headquarters.) | Candidates for publicly-elected local office must file at the same time they file their | | | | |
| NOTE: | State officers or specified state employees | must life at the same time they life their | | | | |

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.

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.

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.