

## FORM 1

## STATEMENT OF

2006

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

## FINANCIAL INTERESTS

COMMISSION ON ETHICS

DATE RECEIVED

JUL 24 2007

LAST NAME -- FIRST NAME -- MIDDLE NAME:

DANNENHAUER - DANIEL - GEORGE

MAILING ADDRESS:

14120 METROPOLIS AVE.

FT. MYERS 33912 LEE

CITY: ZIP: COUNTY:

NAME OF AGENCY:

FIVE COUNTY INSURANCE AGENCY, INC.

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

DIRECTOR ON BOARD OF WCJUA

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 APPOINTEEFOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2006

## \*\*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 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
FIVE COUNTY INSURANCE	14120 METROPOLIS AVE. FT. MYERS, FL 33912	OWNER - INSURANCE
PRADAN, LLC	14120 METROPOLIS AVE. FT. MYERS, FL 33912	OWNER - LAND
Hilpochee Lodge, Inc.	P.O. Box 612, Moore Haven, FL 33444	OWNER - LANDLORD

## 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
N/A			

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

14120 Metropolis Ave, Ft. Myers, FL 33912
2435 Riverside Dr, Moore Haven, FL 33444
3977 Woodlake Dr, Bonita Springs, FL 34134
1 lot on Pradan in 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.

## 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]

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**SIGNATURE (required):**

**DATE SIGNED (required):**

7-20-07

## 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.** loc

Albert P. Massey, III  
*Chair*  
Charles Lydecker  
*Vice Chair*  
Michael W. Brown  
Cheryl Forchilli  
Latour "LT" Lafferty  
Christopher T. McRae  
Thomas P. Scarritt, Jr.



State of Florida  
COMMISSION ON ETHICS  
P.O. Drawer 15709  
Tallahassee, FL 32317-5709

3600 Maclay Blvd., South, Suite 201  
Tallahassee, FL 32312

Philip Claypool  
*Executive Director*

Virindia Doss  
*Deputy Executive  
Director*

(850) 488-7864 Phone  
278-7864 Suncom  
(850) 488-3077 (FAX)  
[www.ethics.state.fl.us](http://www.ethics.state.fl.us)

August 9, 2007

Daniel George Dannenhauer  
14120 Metropolis Ave  
Ft Myers, FL 33912

Dear Ms. Dannenhauer:

Your Form 1, Statement of Financial Interests, has been misfiled with the Commission on Ethics. By copy of this letter, I am forwarding said form to the Lee County Supervisor of Elections for appropriate filing.

Sincerely,

Connie A Evans  
Executive Secretary

cc: Sharon Harrington  
Lee County Supervisor of Elections (w/enclosure)