FORM 1	STATEM	IENT OF	•	2007			
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS A/C							
LAST NAME FIRST NAME MIDDLE N DELEACAES DALE MAILING ADDRESS: PO Box 6012	KOBERT	FOR CUSE CO	OFFICE ONLY:				
CITY: FT. WYERS NAME OF AGENCY: SOUTH TRAIL FIRE NAME OF OFFICE OR POSITION HELD OF THE COMMISSION You are not limited to the space on the lines of	ZIP: COUNTY: FL 33906 LE DISTRICT OR SOUGHT: JER on this form. Attach additional sheets	s, if necessary.	ID Code ID No. Conf. Code P. Req. Code	o) ee7BDGS 5090W4T09NH30.			
CHECK ONLY IF				-17			
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 INCO NAME OF SOURCE OF INCOME	SOU	he reporting person] JRCE'S DRESS	DESCRIPTION OF				
SAN CARLOS FIRE Dis	7 = 5	FL 33913					
			ESS PRINCIPAL BUSINESS				
PART C REAL PROPERTY [Land, build 8940 CYPRESS PRESE			and where to file the	f page 2. S on who must file			
	4		OTHER FORMS				

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				
SUNCOAST FEDERAL	CEEDIT UNION	6801 E. HILLSboreigh AVE TAMPA FL 33680				
			J			
PART F — INTERESTS IN SPECI	IFIED BUSINESSES [Ov	vnership or positio	ns in certain types of businesses]			
	BUSINESS ENTI	TY#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): 7 29 08			
EU INC INCTDUCTIONS.						

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.

FILING INSTRUCTIONS:

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:

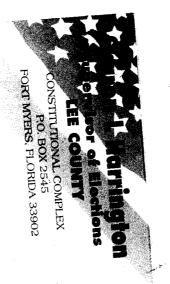
Initially, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from 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.

CE FORM 1 - Eff. 1/2008 PAGE 2



Mailed From 33908

SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545