FORM 1		STATEM	ENT OF			2006		
Please print or type your name, mailing address, agency name, and position below		FINANCIAL	INTERE	STS	Γ			
LAST NAME FIRST NAME MIDDLE	NAME	:		FOR OFF	نــ ۱CE	_		
Detscher Ma	SA	Brooke		USE ONL		97,		
MAILING ADDRESS :								
1803 Ardmore Ro	<u>ad</u>		. <u></u>			ode E		
					100	77JUN25941037 SDE		
CITY:	ZIP:	COUNTY:			ID N	, 7g		
FOIT Myers	339	01 Lee			ID N	10. [77]		
Lee County Histori	. p.	procua b	Board >	/	Con	f. Code		
NAME OF OFFICE OR POSITION HELI			J001C		ם מ	eq. Code		
Board Member				'	- F. K	eq. Code		
You are not limited to the space on the line	s on this	form. Attach additional sheets,	if necessary.					
CHECK ONLY IF	OR	NEW EMPLOYEE OR AF	PPOINTEE					
	B(OTH PARTS OF THIS SECTI	ON MUST BE COMP	LETED				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FI A FISCAL YEAR. PLEASE STATE BELO		THER THIS STATEMENT IS						
DECEMBER 31, 2006	<u>0</u>	R SPECIFY 1	AX YEAR IF OTHER	THAN THE	CALE	NDAR YEAR:		
MANNER OF CALCULATING REPORTATHE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, Constructions for further details). PLEASE COMPARATIVE (PERCENTAGE)	THE OF OR USIN STATE E	PTION OF USING REPORT IG COMPARATIVE THRESH SELOW WHETHER THIS STA	OLDS, WHICH ARE	USUALLY SEITHER (c	BASEI check o	ON PERCENTAGE VALUES (see		
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME					DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Detscher Associates In		1803 Ardmore Ros	d Ft Muse	2290	(A)	nsulting		
	ſ		~ · · · · · · · · · · · · · · · · · · ·			acahonal Institution		
Edisonlollege		21300 Airport Rd	runta Di	OF ALL	_60	acarional man mons		
PART B SECONDARY SOURCES OF NAME OF		E [Major customers, clients, a OF MAJOR SOURCES			usiness			
BUSINESS ENTITY		BUSINESS' INCOME	ADDRE OF SOUI			PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
Detscher Associates 1	lew (community	4801 5 Univ			consulting		
inc:	sebb	Strategies er, Hinden	Davie, FR.	3336	<u>-0</u>	, ,		
-	nclea	en & Arbita	Dane	33	314	Law firm		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					FILING INSTRUCTIONS for when and where to file this form are locat-			
2728 Providence St. Ft Myers 33916 - house					ed at	the bottom of page 2.		
						RUCTIONS on who must file		
					this fo on pag	orm and how to fill it out begin ge 3.		
					•			
						ER FORMS you may need to e described on page 6.		

PART D — INTANGIBLE PERS TYPE OF INTANG		ks, bonds, certific	eates of deposit, etc.] BUSINESS ENTITY TO WH	ICH THE PROP	ERTY RELATES			
IRAS								
bank accounts		Bank of America						
								
<u> </u>								
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR						
		ADDRESS OF CREDITOR						
Suncoast Schools FLU								
				· 				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
11115 05	BUSINESS ENTI	TY#1	BUSINESS ENTITY # 2	- + -	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY								
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS ACTIVITY	NT							
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): Laus a Sell 20 June 2007								
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.