FORM 1		'06APROSPM1255 SI STATEM	ENT OF		200	5
Please print or type your name, mailin address, agency name, and position b	g elow:	FINANCIAL	INTEREST	S		
LAST NAME FIRST NAME MID Dietz Ryan Barrett	DDLE NAME	::		R OFFICE ONLY:		9
MAILING ADDRESS : 1125 SE 16th TER				ID C	ode	_
CITY : Cape Coral	ZIP 339			ID N	o.) () ()
NAME OF AGENCY : Heritage Bay Community Develo	pment Dis	rict		Con	f. Code	1. 5.
NAME OF OFFICE OR POSITION Commissioner	HELD OR S	OUGHT :		P. R.	eq. Code	
CHECK ONLY IF CANDIDAT	E OR	NEW EMPLOYEE OR A	PPOINTEE		PC	DF 2005
THIS STATEMENT REFLECTS YOU A FISCAL YEAR. PLEASE STATE DECEMBER 31, 2 MANNER OF CALCULATING REP THE LEGISLATURE ALLOWS FIL REQUIRES FEWER CALCULATIO instructions for further details). PLE COMPARATIVE (PERCENT	BELOW WH 2005 ORTABLE I LERS THE NS, OR US ASE STATE	HETHER THIS STATEMENT IS OR SPECIFY INTERESTS: OPTION OF USING REPORE SING COMPARATIVE THRES E BELOW WHETHER THIS ST	FOR THE PRECEDING T. TAX YEAR IF OTHER THA STING THRESHOLDS THA HOLDS, WHICH ARE USL	AX YEAR EN AN THE CALI AT ARE ABS JALLY BASE 'HER (check	DING EITHER (check one): ENDAR YEAR: OLUTE DOLLAR VALUES, D ON PERCENTAGE VALUE	
PART A PRIMARY SOURCES O NAME OF SOURCE		[Major sources of income to the		, DE:	SCRIPTION OF THE SOURCE	
OF INCOME Lennar Corporation		790 NW 107th AVE. Suite		Homebuilding		
						-
PART B – SECONDARY SOURCE NAME OF BUSINESS ENTITY	₁ NAM	ME [Major customers, clients, E OF MAJOR SOURCES F BUSINESS' INCOME	and other sources of incom ADDRESS OF SOURCE	e to business	es owned by the reporting pe PRINCIPAL BUSINE ACTIVITY OF SOUR	ss
	 					
	+			·		
PART C - REAL PROPERTY [Lar	d, buildings	owned by the reporting perso	n]	and w	IG INSTRUCTIONS fo here to file this form are the bottom of page 2.	
					RUCTIONS on who must from and how to fill it out I ge 3.	
					ER FORMS you may ne e described on page 6.	ed to

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
JP Morgan Chase & Company		270 Park Ave. New York, NY 10017				
AES		1200 N. 7th ST. Harrisburg, PA 17102				
PART F - INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or position	ons 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):	4		DATE SIGNED	(required): 4-4-06		
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.

TLING INSTRUCTIO

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.

CE FORM 1 - Eff. 1/2006 PAGE 2

FORM 1		STATEM	ENT OF			2005	
Please print or type your name, mailing address, agency name, and position belo	w:	FINANCIAL	INTERE	ESTS			
LAST NAME FIRST NAME MIDDL Dietz Ryan Barrett	E NAME	:		FOR OF USE ON			ċ
MAILING ADDRESS : 1125 SE 16th TER					- ID C	ode	g S
CITY:	ZIP :	COUNTY:					OSTROOMICS OF
Cape Coral NAME OF AGENCY:	339				ID N	0.	7 7 9
Heritage Palms Community Develop						. Code eq. Code	1-40) aa 1
Commissioner				/		sq. Code	<u>1</u>
CHECK ONLY IF CANDIDATE	OR ,	NEW EMPLOYEE OR AF	PPOINTEE			PDF 2	2005
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200. MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER	FINANC LOW WH 5 TABLE I S THE	IETHER THIS STATEMENT IS OR SPECIFY NTERESTS: OPTION OF USING REPOR	RECEDING TAX YEAR FOR THE PRECED TAX YEAR IF OTHE	AR, WHETH DING TAX Y ER THAN TO OS THAT A	IER BAS 'EAR EN HE CALE RE ABS	DING EITHER (check one): ENDAR YEAR: OLUTE DOLLAR VALUES, WHI	— ICH
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PART A PRIMARY SOURCES OF II	NCOME	SOU	RCE'S	l		SCRIPTION OF THE SOURCE'S	
OF INCOME Lennar Corporation		790 NW 107th AVE. Suite	RESS 209		Homebu	uilding	
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						RUCTIONS on who must form and how to fill it out begings 3.	
						ER FORMS you may need to described on page 6	to

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 of NAME OF CREE	debts] DITOR	l	ADDRESS OF CF	REDITOR		
JP Morgan Chase & Company		270 Park Ave. New York, NY 10017				
AES		1200 N. 7th ST. Harrisburg, PA 17102				
PART F — INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or positi	ons in certain types of businesses]			
	BUSINESS ENT	ITY#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):	190		DATE SIGNED	(required): 4 - 4 - 0 6		
FILING INSTRUCTIONS:						

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