FORM 1	STATEMENT OF			2005	
Please print or type your name, mailing			rc C	2003	
address, agency name, and position below:	FINANCIAL	INTERES	12		
LAST NAME FIRST NAME MIDDLE NAME			OR OFFICE SE ONLY:		
Durling Richard	d, Fryzrz		DE ONLI.		
6720 Winkler R.	d.			"	
FL MYETS 33919 LZZ CITY: ZIP: COUNTY:			IDC	lo.	
CITY: ZII	P: COUNTY:			(
CITY: ZII Construction Borro NAME OF AGENCY:	of Adjustine	wils + Appeal	IDN	lo.	
NAME OF AGENCY:		//	Con	f. Code	
DOARD MEMBER			ŀ		
NAME OF OFFICE OR POSITION HELD OR SOUGHT :			1 P. R	eq. Code 🕌	
CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE				`c' T1 L1	
CHECK ONLY IF CANDIDATE OR	NEW EMPLOTEE OR A	REPOINTEE			
	BOTH PARTS OF THIS SEC	TION MUST BE COMPLE	TFD		
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 V					
DECEMBER 31, 2005	OR SPECIFY	TAX YEAR IF OTHER TH	IAN THE CAL	ENDAR 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 U	JSING COMPARATIVE THRES	SHOLDS, WHICH ARE US	SUALLY BASE	D ON PERCENTAGE VALUES (see	
instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECT COMPARATIVE (PERCENTAGE) THRESHOLDS OR			·	value Thresholds	
PART A PRIMARY SOURCES OF INCOM		ho reporting paragraph			
NAME OF SOURCE	SOU	IRCE'S		SCRIPTION OF THE SOURCE'S	
OF INCOME	ADDRESS		-	RINCIPAL BUSINESS ACTIVITY	
MATVIN DEV COST	6720 Winkler Ro	6720 Winkler Rd Ft. Mys 15, Fl		Edstructions	
* * * * * * * * * * * * * * * * * * *					
PART B SECONDARY SOURCES OF INC	OME [Major customers, clients,	and other sources of incor	ne to business	ses owned by the reporting person]	
	ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	Ē	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Ducting - Assocition	6728a		ES s.F.	RentEstate	
Midi-metal luc	of lace 672 & winder		w-Rd _		
PART C REAL PROPERTY [Land, building	as owned by the reporting perso	n)	FILIN	IG INSTRUCTIONS for when	
				here to file this form are locat- the bottom of page 2.	
11500 Compress Point Dr. Ft Myzrs, F/ 33908				, -	
6720 Winklar Rd FL Myers, Fl 93919				RUCTIONS on who must file orm and how to fill it out begin	
Lot S & Colocs A Preserve, Alva Fl.				ge 3.	
Lot 56 Colossa Priserus, Alva FT.				ER FORMS you may need to	

1005A PRESELVE AWAFI

OTHER FORMS you may need to file are described on page 6.

L PROPERTY [Stocks, bonds, certific	s, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
~ L	mogno Stanley				
	/				
s] R	ADDRESS OF CREDITOR				
NA 79	7908 Summerlew Lakes Dr Ft. Myers F1. 38907				
Culfloost 500	506 Cape Coral, Parkway, Cape Coral A. JT904				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
rarried Des Core	Durline + Asses 182	Mini-MELAL, INC.			
720 Winkler Rd Ft. myzrs Fl 37919	6726 Wilhelted's	6720 : Now6125 Rd Ft. 1145 F1 33979			
Construction	Bentestate	Dumpstars			
Tozs.	Pres.	Fres.			
100%	100%	100%			
DWSET	Owser	0w22-			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
quired): DATE SIGNED (required): 8/31/86					
	BUSINESSES [Ownership or position BUSINESSES [Ownership or position BUSINESS ENTITY # 1 Pring Dr. Corp. 120 W. Nallor Rd. Ff. my 2 rs. Fl. 37919 Construction Total Number	ADDRESS OF CREE NA 7908 Summerly inters Calllost Sof Cape Cornl, Flickway BUSINESSES [Ownership or positions in certain types of businesses] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 Parin Dr. Br. Durling the Start No. 1200: Neiter Bod 3799 Standard Strangers, Fl. 33919 Construction British Start Fors. 100% Dwiter Hospital Start HROUGH FARE CONTINUED ON A SEPARATE SHEET, PLE			

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 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.

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