FORM 1	STATEMENT OF		2006		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	RESTS [/		
MAILING ADDRESS	ighton. Mack	FOR OFFICE USE ONLY:	* 07JUL3		
NAME OF OFFICE OR POSITION HELD OF DIRECTOR LIGHT			D Code D No. Conf. Code P. Req. Code		
011 0 101	n this form. Attach additional sheets, if necessary.	-			
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: WANNER 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 INCOM NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting perso SOURCE'S		DESCRIPTION OF THE SOURCE'S		
Browerd Cornty Nadege Strott	ADDRESS 1600 Blown Col	= Hi	principal Business activity ghoup Mant Altor Neu		
0			J		
		of income to busing DRESS	esses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N /.	7				
		W. D. L.			
PART C REAL PROPERTY [Land, buildi	ngs owned by the reporting person]	and	ING INSTRUCTIONS for when I where to file this form are locatatthe bottom of page 2.		
193 wimble Lo	n, Che Dr. Plantation,	this	STRUCTIONS on who must file is form and how to fill it out begin page 3.		
		от	HER FORMS you may need to		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
1.				
W/A				
1				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR			
Wells FARGO	Citi Bonh Marboller, NY		Mones IA	
Citi Banh Manbeller, NY				
Chase Bon le				
PART F — INTERESTS IN SPECIFIED BUSINESSES [BUSINESS EN	, ,	ons in certain types of businesses] BUSINESS ENTITY # 2	I BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	<u></u>	A	Dooliteo Eitiii # 5	
ADDRESS OF BUSINESS ENTITY	$\overline{}$	A	0000 to	
PRINCIPAL BUSINESS ACTIVITY	14	1	7.00	
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): 7. 28.07				
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.

ILING INSTITUCTIONS.

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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CONSTITUTIONAL COMPLEX
PO. BOX 25.45
FORT WYERS, FLORIDA 33902

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28 JUL 2007 PM 1 T

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