FORM 1	STATEMENT OF	7	2006				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	ESTS					
LAST NAME FIRST NAME MIDDLE NAME ELLIS WILLIAM MAILING ADDRESS: 3348 SYCAMORE	Me44E/ 57	FOR OFFICE USE ONLY:	707AUG15P				
ST JAMES CITY 3	COUNTY:	ID No.	077ALG15₩1226 SDE Lee Co				
NAME OF OFFICE OR POSITION HELD OR S COMMISSIONER		Conf. Coo	ode G				
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE							
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: 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 INCOME NAME OF SOURCE OF INCOME	[Major sources of income to the reporting person SOURCE'S ADDRESS	DESCRI	PTION OF THE SOURCE'S IPAL BUSINESS ACTIVITY				
0 1/2 1/1 0 1	1454 MADISON Ave, Tunokake	Fra HEACT	HEALTHEARE				
CER la Masquita Corel	PO BOX 6000 J FEMYERS FIA		nto Cral				
NAME OF NAM	12 01 11 10 01 10 00 11 0	of income to businesses of DRESS	wned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
	l l	i i					
· · · · · · · · · · · · · · · · · · ·							
PART C REAL PROPERTY [Land, building	s owned by the reporting person]	and where	INSTRUCTIONS for when to file this form are locations of page 2.				

PART D — INTANGIBLE PERSON TYPE OF INTANGIE		s, bonds, certificat	es of deposit, etc.] BUSINESS ENTITY TO WHICH T	THE PROPERTY RELATES		
TAX Deferre	1 Annit	HEAD		NENT SECT S		
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401 K						
			Maria and the second se			
				·.		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
NON E						
· · · · · · · · · · · · · · · · · · ·						
		 -				
PART F — INTERESTS IN SPECIF			s in certain types of businesses]			
NAME OF	BUSINESS ENTIT	ΓY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required): \$\(13/0 \)						
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:

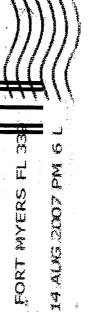
Initially, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from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

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CONSTITUTIONAL COMPLEX PO. BOX 2545 FORT WYBES, FLORIDA 33902 SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545