FORM 1		S	TATE	MENT OF	•			2006	
Please print or type your name, mailing address, agency name, and position bel	ow:	FINA	ANCIA	L INTERI	ESTS				
LAST NAME FIRST NAME MIDD English, Katherine R.	LE NAME				FOR OF USE ON			*	
MAILING ADDRESS : 7951 Deni Drive						<u> </u>	الوديد والمستودية والمستودية والمستودية والمستودية والمستودية والمستودية والمستودية والمستودية والمستودية والم	07JUN25PM1230SDEL⇔Co	
						ID C	ode		
CITY: North Fort Myers	ZIP :		COUNTY: Lee		/	IDN	0.	305	
NAME OF AGENCY : Hendry County, Florida] /	Conf	. Code	吊電	
NAME OF OFFICE OR POSITION HI County Attorney	ELD OR S	OUGHT:				P. Re	eq. Code		
You are not limited to the space on the CHECK ONLY IF CANDIDATE	ines on th		ach additional she	· ·				PDF 2006	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS COMPARATIVE (PERCENTAGE	FINANCI LOW WH 6 (TABLE II RS THE (), OR US	AL INTERE ETHER TH OR VIERESTS OPTION O ING COMP BELOW W	ESTS FOR THE IIS STATEMENT SPECIF S: F USING REPOPARATIVE THRE	IS FOR THE PRECED FY TAX YEAR IF OTHE ORTING THRESHOLD: ESHOLDS, WHICH AR	R, WHETHI DING TAX YE R THAN TH S THAT AF E USUALLY TS EITHER	EAR END HE CALE RE ABSO / BASED (check o	DING EITHER (che NDAR YEAR: DLUTE DOLLAR ON PERCENTA	values, which	
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME	INCOME	[Major sou	S	to the reporting person] OURCE'S DDRESS			SCRIPTION OF TH		
Pavese Law Firm		P.O.Dra	awer 1507	BBREOG		Law Fi		30 ACTIVITY	
		Fort My	ers, FL 3390)2					
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAMI	E OF MAJO	customers, clien DR SOURCES S' INCOME	its, and other sources of ADDR OF SO	RESS	business	PRINCIPA	eporting person] AL BUSINESS OF SOURCE	
English Family Ltd. Partnershij	Citrus						Farming		
PART C REAL PROPERTY [Land		owned by	the reporting pe	rson]		and w	IG INSTRUCT here to file this the bottom of pa		
Residence in Lee County, Florida Citrus Grove and Cattle Pasture in Lee County, Florida					· · · · · · · · · · · · · · · · · · ·	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
							ER FORMS yo		

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Wachovia 401K	N/A	N/A					
PART E — LIABILITIES [Major NAME OF CRE		ADDRESS OF CREDITOR					
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [Ownership or	positions in certain types of businesses]					
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY	Pavese Law Firm	English Family Ltd Partnership					
ADDRESS OF BUSINESS ENTITY	P.O.Drawer1507, Ft. Myers	FL 2075 W. 1st St., Ft. Myers, FL					
PRINCIPAL BUSINESS ACTIVITY	Law Firm	Agriculture					
POSITION HELD WITH ENTITY	Partner	Limited Partner					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes					
NATURE OF MY OWNERSHIP INTEREST	Partner	Limited Partner					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): 6/23/07							

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.

CE FORM 1 - Eff. 1/2007 PAGE 2

FORM 1		STATEM	ENT OF			2006
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERE	ESTS		
LAST NAME FIRST NAME MIDE English, Katherine R.	LE NAME			FOR OFF		
MAILING ADDRESS : 7951 Deni Drive					I ID Co	nde.
CITY:	ZIP :	COUNTY:				aue -
North Fort Myers NAME OF AGENCY:	339	17 Lee			ID No).
Pine Air Lakes CDD					Conf	Code
NAME OF OFFICE OR POSITION HE Member of the Board of Superv		OUGHT:			P. Re	q. Code
You are not limited to the space on the CHECK ONLY IF CANDIDATE		s form. Attach additional sheets NEW EMPLOYEE OR A				PDF 2006
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS COMPARATIVE (PERCENTAGE)	FINANCI LOW WH 6 RTABLE II RS THE (I, OR US IE STATE	ETHER THIS STATEMENT IS OR SPECIFY NTERESTS: OPTION OF USING REPOR' NG COMPARATIVE THRESH BELOW WHETHER THIS STA	ECEDING TAX YEAR FOR THE PRECEDIN TAX YEAR IF OTHER TING THRESHOLDS HOLDS, WHICH ARE	C, WHETHE NG TAX YE R THAN THI THAT AR USUALLY S EITHER (AR END E CALE! E ABSC BASED check of	ING EITHER (check one): NDAR YEAR: NUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME	INCOME	SOU	ne reporting person] RCE'S RESS	}		CRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
Pavese Law Firm		P.O.Drawer 1507	NLOO		_aw Fi	
		Fort Myers, FL 33902				
					<u> </u>	
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAMI	ME [Major customers, clients. E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of i ADDRE OF SOU	ESS	usiness	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
English Family Ltd. Partnershij					Farming	
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Residence in Lee County, Florida Citrus Grove and Cattle Pasture in Lee County, Florida				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
						R FORMS you may need to

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Wachovia 401K	N/A	N/A					
PART E — LIABILITIES [Major debts]							
NAME OF CREE	DITOR	ADDRESS OF CREDITOR					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENTITY # 1	1 BUSINESS ENTITY # 2		BUSINESS ENTITY # 3			
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POSITION HELD WITH ENTITY	Partner		Limited Partner				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		Yes				
NATURE OF MY OWNERSHIP INTEREST	Partner		Limited Partner	,			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (regreted):		///	DATE SIGNED (F	equired): / /			

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CE FORM 1 - Eff. 1/2007 PAGE 2