

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

FISHER MARK RAYMOND

MAILING ADDRESS :

9398 Pineapple Rd.

CITY : ZIP : COUNTY :

F. Myers FL 33967

NAME OF AGENCY :

Lee County Port Authority

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Division Director - Development

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

07 JUL 2006 11:45 SDEL Lee Co FL

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):

[x] DECEMBER 31, 2006 OR [] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR 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 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):

[x] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [] DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Handwritten 'None' in the first row.

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Handwritten 'None' in the first row.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

Table with 1 column: REAL PROPERTY. Handwritten 'None' in the first row.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

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

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	


PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
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): 

DATE SIGNED (required): 7/1/07

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.

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.

FedEx | Ship Manager | Label

From: Origin ID: FMYA (239)590-4606
Celeste Terrell
LEE COUNTY PORT AUTHORITY
11000 Terminal Access Road
FORT MYERS, FL 33913



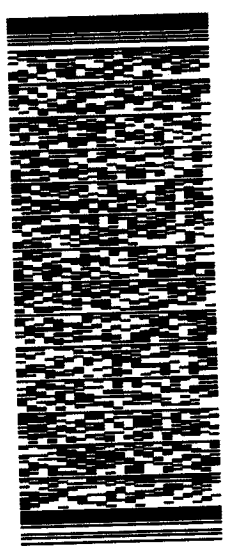
CLM3328171213

SHIP TO: (239)533-8683

BILL SENDER

Sharon L. Harrington
Supervisor of Elections
2480 Thompson Street

Fort Myers, FL 33901



Ship Date: 27JUL07
Act/Hgt: 1 LB
System#: 2132819JINETT061
Account#: S *****

Delivery Address Bar Code

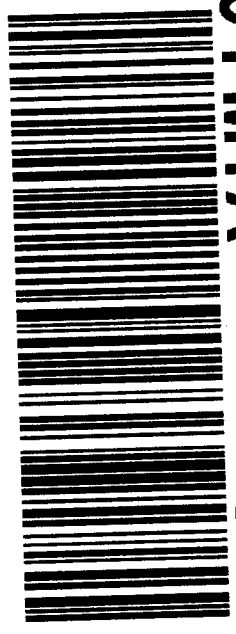


Ref #
Invoice #
PO #
Dept #

TRK# 7917 3066 6153
0201

MON - 30JUL A1
STANDARD OVERNIGHT

35-FMYA



RSW
FL-US
33901



Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

FISHER MAR R

MAILING ADDRESS :

4398 Pineapple Rd

CITY: Ft. Myers ZIP: 33907 COUNTY: Lee

NAME OF AGENCY: Lee County Port Authority

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Division Director

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS DATE RECEIVED

JUN 27 2007

ID Code

ID No. 63587

Conf. Code

P. Req. Code

07/01/04 3PM 0122 SOE Lee Co FI

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

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NATURE OF MY OWNERSHIP INTEREST			

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SIGNATURE (required):

Y. [Signature]

DATE SIGNED (required):

6/20/07

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Albert P. Massey, III
Chair
Charles Lydecker
Vice Chair
Michael W. Brown
Cheryl Forchilli
Latour "LT" Lafferty
Christopher T. McRae
Thomas P. Scarritt, Jr.



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, FL 32317-5709

3600 Maclay Blvd., South, Suite 201
Tallahassee, FL 32312

Philip Claypool
Executive Director

Virindia Doss
*Deputy Executive
Director*

(850) 488-7864 Phone
278-7864 Suncom
(850) 488-3077 (FAX)
www.ethics.state.fl.us

August 9, 2007

Mark R Fisher
9398 Pineapple Road
Fort Myers, FL 33967

Dear Mr. Fisher:

Your Form 1, Statement of Financial Interests, has been misfiled with the Commission on Ethics. By copy of this letter, I am forwarding said form to the Lee County Supervisor of Elections for appropriate filing.

Sincerely,

A handwritten signature in cursive script, appearing to read "Connie A Evans".

Connie A Evans
Executive Secretary

cc: Sharon Harrington
Lee County Supervisor of Elections (w/enclosure)