FORM 1	STATEN	STATEMENT OF					
Please print or type your name, mailing address, agency name, and position bel	FINANCIAI	L INTERESTS	5				
LAST NAME FIRST NAME MIDDLE NAME : GAINER Richard L MAILING ADDRESS :			FFICE NLY:	OZJIN			
4090 MARSHU	iew CT. 34134 Lee ZIP: COUNTY:		ID Code	07JUN20009519			
NAME OF AGENCY :		ID No. Conf. Code	SDE L ee (° h				
NAME OF OFFICE OR POSITION HE Trustee You are not limited to the space on the limited	P. Req. Code	- 400 					
CHECK ONLY IF 🔲 CANDIDATE		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): Image: provide the provided							
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME		the reporting person] JRCE'S DRESS		F THE SOURCE'S SINESS ACTIVITY			
CNLBANK	9124 Banita B	each Runo	Branki	19			
	BONITA Spri	'ngs, F1 34134		<u>_</u>			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME N/A		and other sources of income to ADDRESS OF SOURCE	I PRIN	esses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
,							
PART C REAL PROPERTY [Land, <u>Condominition - Spani</u> <u>VACANT LAND - INSLi</u> <u>VACANT LAND - BERC</u> <u>VACANT LAND - DADCU</u>	and where to file t ed at the bottom o INSTRUCTIONS this form and how on page 3. OTHER FORMS	S on who must file to fill it out begin S you may need to					
	file are described	on page 6.					

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
STOCT		CNLBANCSHARES, ORIANDO, FL						
			the state of the second s					
PART E — LIABILITIES [Major	debts]							
NAME OF CREDITOR		ADDRESS OF CREDITOR						
Wells Frango	Mortyng e	SAN FRANCISCO, CALIFORNIA						
V			· · · · · · · · · · · · · · · · · · ·					
	<u> </u>							
PART F — INTERESTS IN SPEC		• • •		-				
NAME OF	BUSINESS		BUSINESS ENTITY #	2	BUSINESS ENTITY # 3			
BUSINESS ENTITY ADDRESS OF		Southwat FL						
BUSINESS ENTITY PRINCIPAL BUSINESS	9124 Bom7		! 					
ACTIVITY POSITION HELD	Bunking	<u>}</u>						
WITH ENTITY I OWN MORE THAN A 5%	CEU		<u> </u>					
INTEREST IN THE BUSINESS	N/A							
OWNERSHIP INTEREST	COMMON	Stock		l				
IF ANY OF PARTS	A THROUGH F		O ON A SEPARATE SHE	ET, PLEA				
		1						
SIGNATURE (required):	Liel 2	DATE SIGNED (required): 6 - 19-07		•				
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.		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.		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 employ-				
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.		Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your econy has its bacdguarters)		the Sena if that is le appointm				
NOTE:		where your agency has its headquarters.) State officers or specified state employees		must file	tes for publicly-elected local office at the same time they file their			
MULTIPLE FILING UNNECESSARY:		file with the Commission on Ethics, P.O. Drawer		qualifying papers.				

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.

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.

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.