FORM 1	STATEM	STATEMENT OF				
Please print or type your name, mailing address, agency name, and position below				V <sup>3</sup>		
LAST NAME FIRST NAME MIDDLE  GOONDERHAM Kathe MAILING ADDRESS:  5460 Beau jola	syn Leigh	FOR 91 USE OI	NLY:			
Fort Myers :	IDC	1				
NAME OF AGENCY:  Lee County: CL  NAME OF OFFICE OR POSITION HELI  Member  You are not limited to the space on the line  CHECK ONLY IF   CANDIDATE	f. Code eq. Code					
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 INC	SOUF	RCE'S		SCRIPTION OF THE SOURCE'S		
Goodenhama Assoc.,		ADDRESS 5400 Beautolars Lane Fortmyers, FC 35919		consulting public rellations		
PART B SECONDARY SOURCES OF  NAME OF  BUSINESS ENTITY	F INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
Am Shared Beach	conferences membership	_		non prodit		
- of Lee + Charlotte Countries	Solid waste membership	PostMyers, FL Venice, 74		Solidwaste programs -		
Soursh Federation	donations	Port Myers, Pc	<u>.                                    </u>	intormation		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			and w	IG INSTRUCTIONS for when here to file this form are locat-the bottom of page 2.		
N/A				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
			OTH	ER 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					
Checking Savings 10	CDS/SEP Ba	1SEP Bank of America			
Checking, savings /c Simple Plan	An	American Funds Service Company			
PART E — LIABILITIES [Major of NAME OF CRED		ADDRESS OF CREDITOR			
Wells Fago Home Mortgage Inc P.O. Box 10335, Des Moines, 17 50306			nes, 17 50306		
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	N/A				
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): Lathry Localeilan DATE SIGNED (required): 5/18/07					
FILING INSTRUCTIONS:					
WHAT TO FILE: WHEN TO FILE: WHEN TO FILE:					

## 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.

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 posi-

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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