FORM 1	FORM 1 STATEMENT OF						
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS				NEW)			
LAST NAME FIRST NAME MIDDLE NAM Hasty, Christopher Michael	E :	FOR OFI USE ON					
MAILING ADDRESS : 9240 Estero Park Commons Blvd							
				code			
NAME OF AGENCY : Village Walk Community Developme	nt District Meeting		Conf.	ර Code ග			
NAME OF OFFICE OR POSITION HELD OR SOUGHT : Supervisor			P. Re	q. Code			
You are not limited to the space on the lines on t CHECK ONLY IF CANDIDATE OR		PDF 2007					
**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: Colspan="2">Image: Colspan="2">COMPARE 1, 2007   Image: Colspan="2">OR Colspan="2">SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:   Image: Colspan="2">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):   Image: Comparative (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	SOUF	RCE'S		CRIPTION OF THE SOURCE'S			
Pulte Homes	ADDRESS 9240 Estero Park Commons, Estero 33928			Residential Home Building			
	ME [Major customers, clients, and other sources of income to I E OF MAJOR SOURCES ADDRESS BUSINESS' INCOME OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
NA							
1				····			
	·····						
	1]	FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.					
				RUCTIONS on who must file orm and how to fill it out begin ge 3.			
				ER FORMS you may need to edescribed on page 6.			

PART D — INTANGIBLE PERSONAL PROPERTY [S TYPE OF INTANGIBLE	TANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Vanguard	Bank Accour	nts				
		······································				
· · · · · · · · · · · · · · · · · · ·			PRO			
			08APR03Am1001			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
IndyMac Bank, Home Loan Servicing	P.O. Box 78	P.O. Box 78826, Phoenix, AZ 85062-8826				
Citi Mortgage, Inc.	PO Box 689	PO Box 689196, Des Moines, IA 50368-9196				
PART F INTERESTS IN SPECIFIED BUSINESSES	[Ownership or positi	ons in certain types of businesses]				
BUSINESS E	NTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY						
ADDRESS OF /						
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): 3/3/08						
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.

FORM 1		STATEMENT OF				2007		
Please print or type your name, mailing address, agency name, and position belo	w:	FINANCIAL	INTERE	STS				
LAST NAME FIRST NAME MIDDL Hasty, Christopher Michael	E NAME	· · · · · · · · · · · · · · · · · · ·		FOR OFFI	-			
MAILING ADDRESS : 9240 Estero Park Commons BI	vd						09000000000000000000000000000000000000	
					ID Co	ae		
CITY : Estero					ID No		0 SE	
NAME OF AGENCY : Verona Walk Community Development District Meeting					Conf.	Code	e e	
NAME OF OFFICE OR POSITION HELD OR SOUGHT : Supervisor					P. Re	q. Code	Press a Press a Press a Press a	
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	nes on this OR	s form. Attach additional sheets,					PDF 2007	
**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: Imag								
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME	NCOME	SOUL	e reporting person] RCE'S RESS			CRIPTION OF T		
Pulte Homes		9240 Estero Park Con	3928	8 Residential Home Building				
		of income to businesses owned by the reporting person] RESS PRINCIPAL BUSINESS OURCE ACTIVITY OF SOURCE			PAL BUSINESS			
N/A	<del>.</del>						<u></u>	
				· · · ·				
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.			
					INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
						ER FORMS ) e described or	you may need to n page 6.	

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PART D INTANGIBLE PERSO TYPE OF INTANGI		ks, bonds, certific		O WHICH THE	PROPERTY RELATES	
Vanguard		Bank Accounts				
				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
			÷			
			na de la construit de la construite construite construite construite construite construite construite construit		2	
					0811PFC/2001 SDE	
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IndyMac Bank, Home Loan Servicing P.O. Box 78826, Phoenix, AZ 85062-8826			5062-8826	<b>P</b> ost		
Citi Mortgage, Inc.	PO Box 689196, Des Moines, IA 50368-9196					
PART F - INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or positio	ons in certain types of bus	sinesses]		
1	BUSINESS ENT	TY # 1	BUSINESS ENT	TTY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	N/A					
ADDRESS OF BUSINESS ENTITY	1					
PRINCIPAL BUSINESS ACTIVITY	• <del>• • • • •</del> • • • • • • • • • • • • •					
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		ar úr frai a - e - a dre dei erailai	<del>ar anannan sittään</del> en ar an ar an ar an ar an ar an ar an			
NATURE OF MY OWNERSHIP INTEREST			ile <u>en Arkonanie (di naren an en en</u>			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required):						

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