FORM 1	STATEM	STATEMENT OF			
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS			
LAST NAME - FIRST NAME - MIDDLE		FOR OF USE ON			
MAILING ADDRESS:	,		ı ID Code	<u> </u>	
CITY:	ZIP: COUNTY:				
Baca Grande	33721 Lee		ID No.		
	nmunity Planner	ng Banel	Conf. Code P. Req. Code	11 + 2 11 + 2 12 + 3 13 + 1 14 + 3	
You are not limited to the space on the line	r		<u></u>	PDF 2006	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR A	PPOINTEE		( b) 2000	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FLATEMENT REFLECTS YOUR FLATEMENT REFLECTS YOUR FLATEMENT REPORTATIONS FLATEMENT REQUIRES FEWER CALCULATIONS, INSTRUCTIONS FOR FOR THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, INSTRUCTIONS FOR FURTHER DESCRIPTIONS FOR THE PERIOD OF TH	OW WHETHER THIS STATEMENT IS  OR SPECIFY  ABLE INTERESTS: THE OPTION OF USING REPOR OR USING COMPARATIVE THRESH STATE BELOW WHETHER THIS ST.	ECEDING TAX YEAR, WHETH FOR THE PRECEDING TAX Y TAX YEAR IF OTHER THAN THE USUALL' ATEMENT REFLECTS EITHER	EAR ENDING EITHER (che HE CALENDAR YEAR: RE ABSOLUTE DOLLAR Y BASED ON PERCENTA	values, WHICH	
PART A - PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	SOU ADD	RCE'S PRESS	DESCRIPTION OF THE PRINCIPAL BUSINE		
Concert Series From Et		IRA, UBS Fun-	Fran CA 94104	) mest.	
		Trust U/A G	INCIEL ESCIE	inents	
(3) sestututura lum	Trust under will	of Edward How	WATE.	each	
million bank li A , a	mi millon Center, 80	therungh, PA 152	78	Cese	
PART B SECONDARY SOURCES O NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	PRINCIP	eporting person] AL BUSINESS ' OF SOURCE	
PART C - REAL PROPERTY Land, b	uildings owned by the reporting person	n] 1712	FILING INSTRUCT		
Jose Hesper "	rue Bota Gear	rde, FL	ed at the bottom of p	age 2.	
Let 00 B	oca Grando Ts	les	INSTRUCTIONS on who must file this form and how to fill it out begin		
Sub-dursier	2		on page 3.		
			OTHER FORMS yo		

# Edward Hoopes

P.O. Box 1451

Boca Grande, Florida 33921

Tel: 941-964-0810 FAX: 941-964-0386

E-mail: ehoopes@comcast.net

1/25/07

Supervisor of Electrons for Lie Cunty P.O. boy 2545

FT. Myes FL 33902

Re: Amusal Dio closure Filing for 2006 on Forms, Statement of Funncial Enterests

La Les and Hentlemen:

Please fend enclosed my Annual Desclosure
Feling as a member of the book General Community
Planning Panel.
Sincerely,

Elward Horges

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE  BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
(1) IRA Relloves	Plan - UBS	Finance	al Services.	Zuc	- See Parl A			
6) Beneficial mileved in tues-Northern Trust Bank, N. A See Part A								
3 Beneficial Pulities in Trust-Millon Bank N. A - See Part A								
			)					
PART E — LIABILITIES [Major NAME OF CREI		ADDRESS OF CREDITOR						
@ Northern Trust Coursen 1 Sarasotal martgage on real groperty listed in Part C-								
1515 Ringling Bled, Salisita Fl. 34230								
(i) Countrywede Home Losna, Pi Box 660694, Dollas Teyas 75 266 and Chose								
Home Finance LLC, P.O. Box 47020, Darwille, 6 A 3136 2 -								
mortgages on real projects in Ottleburgh, PA								
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								
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):					quired):			

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.

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