| FORM 1   | STATEM                                    | ENT OF                        | 2007   |  |  |  |  |
|--|---|-------------------------------|--|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position below:  FINANCIAL INTERESTS   |   |                               |  |  |  |  |  |
| LAST NAME FIRST NAME MIDDLE KRAMER LINI  | _   | FOR O                         |  |  |  |  |  |
| MAILING ADDRESS :  |   | 302 0.                        | <br>   |  |  |  |  |
| 1175 Sand Cas  |   | ID Code                       |  |  |  |  |  |
|  | 33957 Lee                                 |                               | 44   |  |  |  |  |
| Sanibel Public 1   | ihan Tan Nist                             | rist                          | IDNO.  |  |  |  |  |
| NAME OF AGENCY :   | •   |                               | 1.cohr.Codd  |  |  |  |  |
| NAME OF OFFICE OR POSITION HELD  |   |                               | P. Red. Code   |  |  |  |  |
| You are not limited to the space on the line   | s on this form. Attach additional sheets  | if necessary                  |  |  |  |  |  |
| <u></u>  | OR NEW EMPLOYEE OR AF                     |                               | 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): |   |                               |  |  |  |  |  |
| DECEMBER 31, 2007 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:   |   |                               |  |  |  |  |  |
| MANNER OF CALCULATING REPORTATHE LEGISLATURE ALLOWS FILERS   |   | ING THRESHOLDS THAT A         | RE ABSOLUTE DOLLAR VALUES, WHICH                                 |  |  |  |  |
| REQUIRES FEWER CALCULATIONS, C instructions for further details). PLEASE   |   |                               | Y BASED ON PERCENTAGE VALUES (see (check one):                   |  |  |  |  |
| COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS   |   |                               |  |  |  |  |  |
| PART A PRIMARY SOURCES OF INC<br>NAME OF SOURCE  | COME [Major sources of income to the SOUF |                               | DESCRIPTION OF THE SOURCE'S                                      |  |  |  |  |
| OF INCOME ADDRESS  |   |                               | PRINCIPAL BUSINESS ACTIVITY                                      |  |  |  |  |
| John Kamer 1175 Sand Castle Yord   |   |                               | Repled   |  |  |  |  |
|  |   | <del></del>                   |  |  |  |  |  |
|  |   |                               |  |  |  |  |  |
| PART B SECONDARY SOURCES OF  | INCOME [Major customers, clients, a       | nd other sources of income to | businesses owned by the reporting person]                        |  |  |  |  |
| NAME OF<br>BUSINESS ENTITY   | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS<br>OF SOURCE          | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE                         |  |  |  |  |
| .1.0   |   |                               |  |  |  |  |  |
| NH   |   |                               |  |  |  |  |  |
|  |   |                               |  |  |  |  |  |
| DART C. REAL PROPERTY (Land by   | ildings guned by the reporting person     |                               | FILING INSTRUCTIONS for when                                     |  |  |  |  |
| PART C REAL PROPERTY [Land, bu   |   |                               | and where to file this form are located at the bottom of page 2. |  |  |  |  |
| 1175 Sand Castle &   | oda, Sanibel, FL (                        | Residence)                    | 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 PERSO<br>TYPE OF INTANGI                                     |                    | cks, bonds, certificate | s of deposit, etc.]<br>BUSINESS ENTITY TO WHICH TH | HE PROPERTY RELATES                   |  |  |
|--|--------------------|-------------------------|--|---------------------------------------|--|--|
| Bonds moneymental account  |                    | Citibank NA             |  |                                       |  |  |
| Bonds moneymental equities   |                    | Mercill                 |  | , ***                                 |  |  |
|  | , ,                | ι τ                     |  | a a                                   |  |  |
|  |                    |                         |  | 72.mg                                 |  |  |
|  |                    |                         |  |                                       |  |  |
|  |                    |                         |  | .C.                                   |  |  |
| PART E — LIABILITIES [Major debts]  NAME OF CREDITOR                             |                    |                         | ADDRESS OF CR                                      | iti i                                 |  |  |
|  |                    |                         |  | <u> </u>                              |  |  |
|  |                    |                         |  | · · · · · · · · · · · · · · · · · · · |  |  |
|  |                    |                         | · <u>··</u> ········                               |                                       |  |  |
|  |                    |                         |  |                                       |  |  |
|  |                    |                         |  |                                       |  |  |
| PART F - INTERESTS IN SPECI  | FIED BUSINESSES [O | wnership or positions   | in certain types of businesses]                    |                                       |  |  |
|  | BUSINESS ENT       | TTY # 1                 | BUSINESS ENTITY # 2                                | BUSINESS ENTITY # 3                   |  |  |
| NAME OF<br>BUSINESS ENTITY   | ·                  |                         |  |                                       |  |  |
| ADDRESS OF<br>BUSINESS ENTITY  |                    |                         |  |                                       |  |  |
| PRINCIPAL BUSINESS<br>ACTIVITY   |                    |                         |  |                                       |  |  |
| POSITION HELD<br>WITH ENTITY   |                    |                         |  |                                       |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS                                 |                    |                         |  |                                       |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST   |                    |                         |  |                                       |  |  |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE |                    |                         |  |                                       |  |  |
| SIGNATURE (required): Linda C. Hamer DATE SIGNED (required): S/03/08             |                    |                         |  |                                       |  |  |

### 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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