FORM 1	STATEMENT OF		2006		
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS					
LAST NAME FIRST NAME MIDDL <u>(EWis</u> BA MAILING ADDRESS : P.O Box 295	E NAME :	FOR OFF USE ONL			
CITY : <u>EStrano</u> NAME OF AGENCY : D NAME OF OFFICE OR POSITION HE	escy (Sonrub - nes on this form. Attach additional sheets		ID Code ID No. Conf. Code P. Req. Code CoFI		
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					
PARTA PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME BRD(ew Concasts Systems IN, P.S. Bux 12705 Estens FL, 339		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
(Savier Courses 2)					
PART B SECONDARY SOURCES ON NAME OF BUSINESS ENTITY	DF INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to b ADDRESS OF SOURCE	businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person] 18428 Saterces Row,			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. OTHER FORMS you may need to file are described on page 6.		

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PART D — INTANGIBLE PERS TYPE OF INTANG	ONAL PROPERTY [Stocks, bonds, certif GIBLE I	ficates of deposit, etc.] BUSINESS ENTITY TO WHICH TH			
			E FROFERIT RELATES		
		Real year of the second se			
PART E — LIABILITIES [Major NAME OF CREI		ADDRESS OF CREDITOR			
PART F INTERESTS IN SPEC	IFIED BUSINESSES [Ownership or posit	tions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	BROLEN Comente	Matorias Buildin Sophi	Brolew Construction In.		
ADDRESS OF BUSINESS ENTITY	18428 Montanzos Ro.	18728 Moto-zoi Ro.	18428 Motorzas Ro.		
PRINCIPAL BUSINESS ACTIVITY	Const.	Supply	Const.		
POSITION HELD WITH ENTITY	Presiod	Prosition	Presion		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	425-	485	405		
NATURE OF MY OWNERSHIP INTEREST	Stock.	eto.k	Stude.		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required): DATE SIGNED (required):					
	X	7-25-07			
FILING INSTRUCTIONS:					
WHAT TO FILE:	WHAT TO FILE: WHERE TO FILE: WHEN TO FILE:				
After completing all parts of this form, including If you were mailed the form by the Commission <i>Initially</i> , each local officer/employee, sta signing and dating it, send back only the first on Ethics or a County Supervisor of Elections for officer, and specified state employee mu					
sheet (pages 1 and 2) for filing. your annual disclosure filing, return the form to file <i>within 30 days</i> of the date of his or he that leastion					

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.

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.

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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SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545



