

COPY

**SHARON L. HARRINGTON
SUPERVISOR OF ELECTIONS
LEE COUNTY - FLORIDA**

<p align="center"><u>PHYSICAL ADDRESS</u></p> <p align="center">LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3RD FLOOR FORT MYERS FL 33901</p>	<p align="center"><u>MAILING ADDRESS</u></p> <p align="center">please send all correspondence to this address</p> <p align="center">P O BOX 2545 FORT MYERS FL 33902-2545</p>
<p align="center">MAIN OFFICE 239 LEE VOTE 239-533-8683</p>	<p align="center">FAX 239-533-6310 WEBSITE www.leeelections.com</p>

TO: Departing Local Officer
 FROM: Bernie Feliciano, Qualifying Officer
 DATE: April 27, 2007
 SUBJECT: Form 1 Statement of Financial Interests for Year Ending 12-31-2006

LONG, WILLIAM B
 4940 COUGAR CT S #202
 NAPLES FL 34109

We are in receipt of your **FORM 1F-FINAL** Statement of Financial Interests for 2007 that covers a portion of your service as a local officer for the year 2007. According to the FORM 1F FINAL Statement of Financial Interest you submitted, the last date you held public office or employment was 02-16-07.

Enclosed is a standard Form 1, Statement of Financial Interests for 2006, to complete and return in order to satisfy your obligation to file financial disclosure for the year 2006 (year ending 12-31-2006).

Persons serving as of December 31, 2006 (along with those officials elected in 2006 whose terms began in 2007) are STILL required to file in 2007 for the year ending 12-31-2006. Even if you left the your position in 2007, you are required to file financial disclosure for 2006 on the enclosed form.

WHEN TO FILE: Within 60 Days of Leaving Office or Employment

WHERE TO FILE: Please return the completed ORIGINAL form, including signature and date in the enclosed postage-paid return envelope to:

LEE COUNTY ELECTIONS OFFICE
P O BOX 2545, FORT MYERS FL 33902-2545
THE ROLE OF THE SUPERVISOR OF ELECTIONS IS TO RECEIVE AND MAINTAIN
THE FINANCIAL DISCLOSURE FORM AS PUBLIC RECORD

Please do not file the form with the Florida Commission on Ethics in Tallahassee

QUESTIONS?:

HOW DO I COMPLETE THE FORM? Instructions for completing this form are included in this mailing. Any questions regarding the instructions or the form should be directed to the office of the Florida Commission on Ethics at 1-850-488-7864.

Thank you for your cooperation and prompt attention to this matter.

Enclosures: Form 1 Statement of Financial Interests/Postage Paid Return Envelope

FORM 6 F

FINAL FULL AND PUBLIC

2007

DISCLOSURE OF FINANCIAL INTERESTS

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE)

LAST NAME — FIRST NAME — MIDDLE NAME: <u>LONG WILLIAM B</u>			NAME OF AGENCY: <u>VERONA WALK Comm. Dev. Dist. & VILLAGEWALK OF BONITA SPRINGS Comm. Dev. Dist.</u>
MAILING ADDRESS: <u>4940 Cougar Ct. S. # 202</u>			<input checked="" type="checkbox"/> OFFICER OFFICE HELD: <u>ASSISTANT SECRETARY</u> <input type="checkbox"/> OTHER POSITION HELD:
CITY & STATE: ZIP: COUNTY: <u>NAPLES FL 34109 COLLIER</u>			THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: <u>FEB 16</u> , 2007. (Month, Day & Year) (Date must be prior to 12/31/07)

PART A -- NET WORTH

Please enter the value of your net worth as of the date you left the public office or position described above. Date must be prior to December 31, 2007. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of 2/16, 2007 was \$ 150,000.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 20,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
<u>2000 TOYOTA TUNDRA</u>	<u>10,000</u>
<u>FURNITURE</u>	<u>7,000</u>
<u>HOUSEHOLD GOODS</u>	<u>3,000</u>

FINAL REPORT

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>TOYOTA FINANCIAL PO Box 5855, CAROL STREAM, IL 60197</u>	<u>4,690</u>
<u>HOME BANK MORTGAGE PO Box 105434, ATLANTA, GA 30348</u>	<u>158,000</u>
<u>BANK OF AMERICA 2412 PINE RIDGE RD, NAPLES FL 34109</u>	<u>31,550</u>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2007, through the last date you held the office or position described on page 1, including secondary sources of income, by completing the remainder of Part D, below.

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
PULTE HOMES	100 BLOOMFIELD HILLS PKWY, STE 300 BLOOMFIELD HILLS, MI 48304	40,867

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person—see instructions):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E — INTERESTS IN SPECIFIED 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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

[Signature]
SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this 17 day of

April, 2007 by [Signature]
Iris Denise Cotto
(Signature of Notary Public—State of Florida)

Iris Denise Cotto
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

