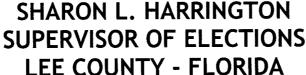
Form 1F-Year Ending 2006-60 day standard



PHYSICAL ADDRESS

LEE COUNTY CONSTITUTIONAL
COMPLEX
2480 THOMPSON STREET 3<sup>RD</sup> FLOOR
FORT MYERS FL 33901

MAIN OFFICE
239 LEE VOTE

MAILING ADDRESS
please send all correspondence to this address

P O BOX 2545
FORT MYERS FL 33902-2545

FAX
239-533-6310

239 LEE VOTE 239-533-8683

239-533-6310 WEBSITE www.leeelections.com

TO:

**Departing Local Officer** 

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

FROM:

Bernie Feliciano, Qualifying Officer

DATE:

April 27, 2007

SUBJECT:

Form 1 Statement of Financial Interests for Year Ending 12-31-2006

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 <u>public office or employment was 02-16-07</u>.

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 DISCLOSURE OF FINANCIAL INTERESTS

2007

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

LAST NAME — FIRST NAME — MIDDLE NAME:	NAME OF AGENCY: VERONA WALK Comm. DEV. DIST. &				
LONG WILLIAM B	VILLAGENALE OF BONITA SPRINGS COMM. DEV. DIST.				
MAILING ADDRESS:	VILLAGENALE OF BONITA SPRINGS COMM. DEV. DIST.  MOFFICER OFFICE HELD: SECRETARY				
4940 Cougar Ct. S. # 202	OTHER POSITION HELD:				
CITY & STATE: ZIP: COUNTY:  NAPLES FL 34109 COLLIER	THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS:  FEB /6, 2007.  (Month, Day & Year)  (Date must be prior to 12/31/07)				
NAPLES PL 34109					
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					
my not trotal do of					
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 \$					
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET	VALUE OF ASSET				
2000 TO HOTA TUNDRA	7,000				
FURNITURE	7,000				
HOUSEHOLD GOODS	5,000				
K V.					
PART C LIABILITIES					
LIABILITIES IN EXCESS OF \$1,000:  NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY				
	201 STREAM, 11 60197 4,690				
HOMEBANC MONTGAGE POBOX 105434	A1 C21 2016				
BANK OF AMERICA 2412 PINERIDE	AC RD, NAPLES FL 34109 31,550				
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	I AMOUNT OF LIADS TO				
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 INCOMPANDE OF SOURCE OF INCOMP		A	DDRESS OF SOURCE OF INCOME		AMOUNT		
PULTE HOMES		100 BLOOM	AFIRED HILLS PKMY, ST	£300	40,867		
		BLOOMFIELD HILLS PKMY STE300					
		15000 M + (1800) 41002, M (18)01					
SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions]:  NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS							
BUSINESS ENTITY	OF BUSINESS' I	NCOME	OF SOURCE	A	CTIVITY OF SOURCE		
				_			
				_			
				_			
¥	PART E I	NTERESTS	IN SPECIFIED BUSINESSES	-			
I	BUSINESS ENTITY		BUSINESS ENTITY # 2		SINESS ENTITY # 3		
NAME OF BUSINESS ENTITY							
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD							
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 $\Box$							
1 /A   1		STATE OF FLORIDA COUNTY OF					
I, the person whose name appears at the		Swo	Swom to (or affirmed) and subscribed before me this day of				
beginning of this form, do depose on oath or affirmation		1	And a man and				
and say that the information disclosed on this form							
and any attachments hereto is true, accurate, and complete.			(Signature of Notary Public State of Florida)				
, , ,			T. 2	1 L	<u>L</u>		
SIGNATURE OF REPORTING OFFICIAL		(Print, Type, or Stamp Commissioned Name of Notary Public)					
		Personally Known OR Produced Identification					
		Туре	Type of Identification Produced				