# SHARON L. HARRINGTON SUPERVISOR OF ELECTIONS

ý –	SUPERVISOR OF ELECTIONS LEE COUNTY - FLORIDA		
PHYSICAL ADDRESS	MAILING ADDRESS		
	please send all correspondence to this address		
	P O BOX 2545		
2480 THOMPSON STREET 3 <sup>RD</sup> FLOOR	FORT MYERS FL 33902-2545		
FORT MYERS FL 33901			
MAIN OFFICE	FAX		
239 LEE VOTE	239-533-6310		
239-533-8683	WEBSITE www.leeelections.com		
	LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 <sup>RD</sup> FLOOR FORT MYERS FL 33901 MAIN OFFICE 239 LEE VOTE		

TO: Departing Local Officer

FROM: Bernie Feliciano, Qualifying Officer

DATE: April 27, 2007 MAJUL, ANTONIO B JR 12917 STONE TOWER LOOP

FORT MYERS FL 33913

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 public office or employment was 03-15-07.

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.

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

Please return the completed ORIGINAL form, including signature and date WHERE TO FILE: 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 114076095

FORM 1 FFINAL STATEMENT OF2007FINANCIAL INTERESTS					
(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)					
LAST NAME - FIRST NAME - M MAJUL ANTONIC MAILING ADDRESS: 12917 STONE	<b>d</b>	NAME OF REPORTING PER			
,	33913 LEE	LIST OFFICE OR POSITIO			
DISCLOSURE PERIOD:         THIS STATEMENT DEFLETSWITE HANDIAL INTERESTOR OR THE PERIOD BETWEEN JANUARY 1, 2007 AND THE LAST DATE I HELD THE PUBLIC         OFFICE OR EMPLOYMENT DETCRIBID ABOVE WHICH DATE WAS					
PART A - PRIMARY SOURCE NAME OF SOURCE OF INCOME	SOF INCOME [Major sources of incon SOUR ADDF FCRT MYERS	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY COUNTY GOUGKNMENT		
PART B SECONDARY SOUR	RCES OF INCOME [Major customers, on NAME OF MAJOR SOURCES OF BUSINESS' INCOME	clients, and other sources of inco ADDRESS OF SOURCE	ome to businesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY	Land, buildings owned by the reporting p	erson]	FILING INSTRUCTIONS for		
SINGLE FAMILY HOME - 12917 STONE TOWER LOOP, FORT MYERS, FL 33913 (STRAP # 31-44 -26 000 A. 0220) VACANT LAND - 1407 NE 44TH ST., CAPE CORAL, FL 33909		when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.			
(STRAP # 18-	43-24-62-05731		OTHER FORMS you may need to file are described on page 6.		

CE FORM 1 F - Eff. 1/2007

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
STOCK BOND FUNDS & ANNUTY * TIAA-CREF				
MUTUAL FUNDS * VALIC				
*403B RETTREMENT FUNDS				
PART E LIABILITIES [Major debts] NAME OF CREDITOR ADDRESS OF CREDITOR				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] NAME OF BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 NAME OF BUSINESS ENTITY ADDRESS OF				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5%				
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE: atomin B. Majnel Ja. DATE SIGNED: APRIL 25,2007				
FILING INSTRUCTIONS:				
WHAT TO FILE:       WHERE TO FILE:       NOTE:         After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages).       WHERE TO FILE:       Local officers: file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)       If you are leaving office or employment during the first half of 2007, you may not have filed Form 1 for 2006. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2006 but				

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

ees: 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

will be required to file Form 1 for 2006 by July 1 of 2007.

FORM 1 STATEMENT OF		2006		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	ESTS		
LAST NAME - FIRST NAME MIDDLE MAJUL ANTENIC		FOR OFFICE USE ONLY:		
MAILING ADDRESS 12917 STONE TOW				
		ID Code		
FORT MYERS	33913 LEE	ID No.		
NAME OF AGENCY: LEE CLUNTY		Conf. Code		
NAME OF OFFICE OR POSITION HELD	OOR SOUGHT: ECTUR	P. Req. Code 		
	s on this form. Attach additional sheets, if necessary.	PDF 2006		
"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: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Comparative interests:         THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see Colspan="2">COMPARATIVE (PERCENTAGE) THRESHOLDS         Image: Comparative (PERCENTAGE) THRESHOLDS       Image: Comparative (PERCENTAGE) THRESHOLDS       Image: Comparative (PERCENTAGE) THRESHOLDS       Image: Comparative (PERCENTAGE) THRESHOLDS       Image: Comparative (PERCENTAGE) THRESHOLDS       Image: Comparative (PERCENTAGE) THRESHOLDS       Image: Comparative thresholds				
NAME OF SOURCE	COME [Major sources of income to the reporting person SOURCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
LEE CCUNTY	FURT MYERS, FLORI			
TIAA-CRÉF*	NEW YORK, NEW YORK	LIFE INSURANCE ANNUITY		
* PARTIAL WITHDRAWALS OF HO3B RETUREMENT FUNDS				
	FINCOME [Major customers, clients, and other sources NAME OF MAJOR SOURCES   ADI	of income to businesses owned by the reporting person] ORESS PRINCIPAL BUSINESS OURCE ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, b	uildings owned by the reporting person	FILING INSTRUCTIONS for when		
SINGLE FAMILY HOME MYERS, FL 33913 VACANT LAND -1407	-12917 STENE TOWER LOOP, STRAP #31-44-26-28-00001 NE 44 TH ST., CAPE CORAL, FLZ -43-24-02-05731.0150	FORTFORTand where to file this form are located at the bottom of page 2.INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		

CE FORM 1 - Eff. 1/2007 (Continued on reverse side)

PART D — INTANGIBLE PERSONAL PROPERTY	[Stocks, bonds, certific		CH THE PROPERTY RELATES	
STOCK BOND FUNDS & ANNUN	ry <b>X</b> TIAA	-CREF		
MUTUAL FUNDS*	VAL	-10		
*403B RETIREMENT FUN	ipg			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	NA	ADDRESS	OF CREDITOR	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]				
NAME OF NUTVU				
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 (r <u>equired)</u> ; and any B, Mayn J, DATE SIGNED (required): APRIL 25, 2007				
<b>FILING INSTRUCTIONS:</b>				
WHAT TO FILE: After completing all parts of this form, including	WHERE TO FIL	E: the form by the Commission	WHEN TO FILE: Initially, each local officer/employee, state	
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a Cour	ity Supervisor of Elections for sure filing, return the form to	officer, and specified state employee must file <i>within 30 days</i> of the date of his or her	

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.

our 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.

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.