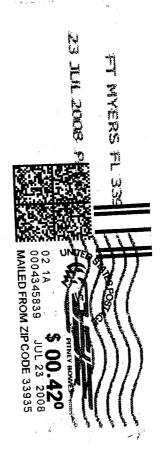
FORM 1	STATEM	ENT OF	2007			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	SA/C			
LAST NAME - FIRST NAME - MIDDLE NA MAILING ADDRESS: POST OFFICE B	FP	FOR (USE (OFFICE ONLY:			
La Belle 32 CITY: Z	3975 Hen COUNTY: Dater Control	dry District	ONLY:			
You are not limited to the space on the lines on CHECK ONLY IF CANDIDATE OR	5					
"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 REPORTABLE 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 instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]						
Alico, Inc.	Post Offici Bux 338 LaBelle, FL 33915		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
	OME [Major customers, clients, a ME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income t ADDRESS OF SOURCE	to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, building	gs owned by the reporting person]	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.			

المواصيحي والمسير الأكانية ألتسبي سنبي والمعور الكسي تقتبين فتنهيها وال							
PART D — INTANGIBLE PERSO TYPE OF INTANGI		Y [Stocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO W	HICH THE	PROPERTY REL	ATES	
<u></u>	<u> </u>						<u> </u>
	- <u></u>		<u></u>	<u></u>	-,		<u></u> .
	<u></u>			- <u></u>	» 	<u></u>	
				<u>.</u>	×	<u> </u>	
	<u></u>						
ومراقب أحاج المروان والمتحاط والمتحاط ويرو							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			ADDRESS OF CREDITOR				
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						r.	· ·
					y for a for	- 	:
· ·	-		· · · · · ·				
PART F INTERESTS IN SPECIF	IED BUSINESSE	S [Ownership or positi	ons in certain types of business	esl	البرائنية المرافي انتعالاه		
1		S ENTITY # 1	BUSINESS ENTITY #	•	I BUSINE	ESS ENTITY #	#3
NAME OF BUSINESS ENTITY				<u> </u>			<u> </u>
ADDRESS OF BUSINESS ENTITY	· · · · · · · · · · · · · · · · · · ·		······································				
PRINCIPAL BUSINESS	<u> </u>				<u> </u>		
ACTIVITY POSITION HELD			· · · · · · · · · · · · · · · · · · ·			• <u>•</u> ••	
WITH ENTITY OWN MORE THAN A 5%							
NTEREST IN THE BUSINESS	· · · · · · · · · · · · · · · · · · ·				<u> </u>	<u> </u>	<u> </u>
OWNERSHIP INTEREST	والبني النزوا الوالقي كار						<u> </u>
IF ANY OF PARTS A	THROUGH F	ARE CONTINUE	D ON A SEPARATE SHI	EET, PLE	EASE CHECK	HERE	
SIGNATURE (required):	Benni	R	DATE	SIGNED (r	required):	2/08	·
		FILING INS	STRUCTIONS:				
WHAT TO FILE:	and the first	WHERE TO FIL			N TO FILE:	<i>~</i> ,,,	
After completing all parts of this for signing and dating it, send back		on Ethics or a Count	the form by the Commission ty Supervisor of Elections for	officer,	ly, each local of and specified sta	te employee	must file
sheet (pages 1 and 2) for filing.		your annual disclose that location.	ure filing, return the form to		30 days of the total of		
f you have nothing to report in section, you must write "none" or		Local officers/employees file with the Supervisor		ment.	Appointees who r nate must file prior	must be confi	irmed by
section(s).			county in which they perma- u do not permanently reside	if that	is less than 30 d		
Facsimiles will not be accepted.		-	he Supervisor of the county nas its headquarters.)		ppointment. dates for publicly	-elected loc	al office
NOTE:	· .	State officers or specified state employees		must -	must file at the same time they file ti gualifying papers.		
MULTIPLE FILING UNNECE Generally, a person who has filed			file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Blvd. South, Suite 201, Tallahassee, FL 32312. <i>Candidates</i> file this form together with their		after, local office	ers/employee	s, state
calendar or fiscal year is not requ second Form 1 for the same year	ired to file a				officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their posi- tions.		
andidate who previously filed Form	m 1 because	Candidates file this					
of another public position must at lea of his or her original Form 1 when q		qualifying papers.			<u>, at the end of o</u>	ffice or emp	lovment.

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



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



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FORM 1	STATEM	ENT OF	2007		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	s A/c		
LAST NAME FIRST NAME MIDDLE NA	μe: 4 P.	FOR C USE O	DFFICE DNLY:		
Post Office B	6x 338				
LaBelle 33	975 Hendr	y.			
CITY: Z	P : COUNTY :	0	ID No.		
NAME OF AGENCY: Collins Slough	Water Contro	District	Conf. Cod		
NAME OF OFFICE OR POSITION HELD OF Superintencles	<u>1</u> +		P. Req. Code		
You are not limited to the space on the lines on CHECK ONLY IF CANDIDATE OR	this form. Attach additional sheets, if NEW EMPLOYEE OR APP				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINAN A FISCAL YEAR. PLEASE STATE BELOW V DECEMBER 31, 2007 MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE	VHETHER THIS STATEMENT IS FO <u>OR</u> SPECIFY TA E INTERESTS: E OPTION OF USING REPORTIN JSING COMPARATIVE THRESHO ITE BELOW WHETHER THIS STAT	CEDING TAX YEAR, WHETH DR THE PRECEDING TAX X YEAR IF OTHER THAN T NG THRESHOLDS THAT A LDS, WHICH ARE USUAL EMENT REFLECTS EITHER	HER BASED ON A CALENDAR YEAR OR ON YEAR ENDING EITHER (check one): THE CALENDAR YEAR: ARE ABSOLUTE DOLLAR VALUES, WHICH LY BASED ON PERCENTAGE VALUES (see		
PART A PRIMARY SOURCES OF INCOM NAME OF SOURCE	SOURC	DE'S	DESCRIPTION OF THE SOURCE'S		
Alico, Unc.	Post Office Box 338		Land Mat. Co.		
	LaBelle, FL	33975			
1	OME [Major customers, clients, and ME OF MAJOR SOURCES DF BUSINESS' INCOME	d other sources of income to ADDRESS OF SOURCE	o businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
		÷			
PART C REAL PROPERTY [Land, building	is owned by the reporting person]		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 PERSONAL PROPERT	Y IStocks, bonds, o	certificates of deposit etc.				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WH	HICH THE PRO	OPERTY RELATES		
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		<u></u>	<u> </u>			
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		·		· .		
			-			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS)R		
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·						
PART F — INTERESTS IN SPECIFIED BUSINESSE	ES [Ownership or	positions in certain types of businesse	es]			
	S ENTITY # 1	BUSINESS ENTITY # 2	2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS						
ACTIVITY POSITION HELD						
WITH ENTITY						
OWN MORE THAN A 5%				· · · · · · · · · · · · · · · · · · ·		
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F	F ARE CONTIN	UED ON A SEPARATE SHE	ET, PLEAS			
	\mathcal{O}					
SIGNATURE (required):		DATE S	GIGNED (requ	ired):		
			a a a a a a a a a a a a a a a a a a a	CAJ00		
	FILING	INSTRUCTIONS:				
WHAT TO FILE:	WHERE TO	FILE:	WHEN T	O FILE:		
After completing all parts of this form, including		ailed the form by the Commission		ach local officer/employee, state		
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to		officer, and specified state employee must fil within 30 days of the date of his or he			
	that location.		appointme	nt or of the beginning of employ-		
f you have nothing to report in a particular section, you must write "none" or "n/a" in that		Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county		ointees who must be confirmed by must file prior to confirmation, even		
section(s).				if that is less than 30 days from the date of their appointment.		
To activity will not be promoted	in Florida, file					
Facsimiles will not be accepted.		ency has its headquarters.)		s for publicly-elected local office at the same time they file their		
NOTE: MULTIPLE FILING UNNECESSARY:		State officers or specified state employees le with the Commission on Ethics, P.O. Drawer 5709, Tallahassee, FL 32317-5709; physical ddress: 3600 Maclay Blvd. South, Suite 201, allahassee, FL 32312.		qualifying papers.		
Generally, a person who has filed Form 1 for a	15709, Tallaha			Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each		
alendar 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.

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

DAGE 2

calendar year in which they hold their posi-

Finally, at the end of office or employment,

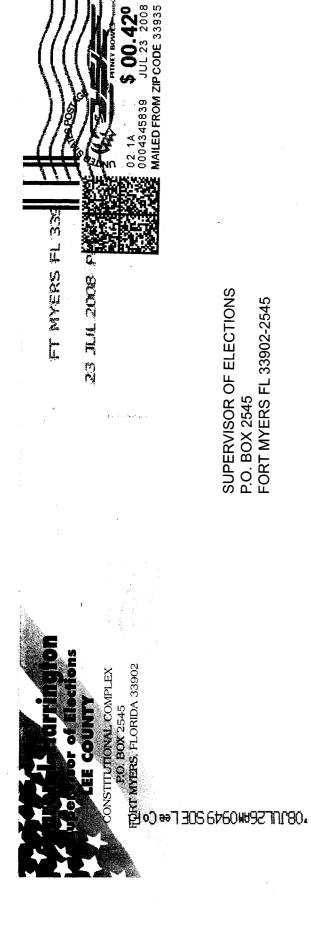
each local officer/employee, state officer, and

specified state employee is required to file a

final disclosure form (Form 1F) within 60 days

of leaving office or employment.

tions.



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