| FORM 1 | STATEM | ENT OF | , | 2006 | | | |
|---|---|---------------|--|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL | INTERESTS | | | | | |
| LAST NAME - FIRST NAME - MIDDLE MURALY MIC MAILING ADDRESS: | NAME: UNBCF | FOR OF USE ON | | .079J | | | |
| 14946 BONAILE | - Cuite | | | | | | |
| Ff. myens 1 | 2 33957 Lu | - | ID Code | MO237 | | | |
| City of SAN | ZIP: COUNTY: | | ID No. | 0721G10PM0237 SIE Lee Co F | | | |
| NAME OF AGENCY: | Y | Conf. Co | ode G | | | | |
| NAME OF OFFICE OR POSITION HELD Lee County DISA | with- | P. Req. (| Code | | | | |
| You are not limited to the space on the lines | on this form. Attach additional sheets, | if necessary. | | PP# 0000 | | | |
| CHECK ONLY IF CANDIDATE | OR NEW EMPLOYEE OR AP | POINTEE | | PDF 2006 | | | |
| 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, 2006 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 INC NAME OF SOURCE OF INCOME | OME [Major sources of income to the SOUR ADDR | RCE'S | | RIPTION OF THE SOURCE'S CIPAL BUSINESS ACTIVITY | | | |
| Oly of SAMBER | | LO SANKH | KM POLICE MATON | | | | |
| | | 12390 | -/ | trans yes | | | |
| | | | | | | | |
| | | | | | | | |
| PART B - SECONDARY SOURCES OF NAME OF BUSINESS ENTITY | INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME | | | owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | |
| None | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PART C - REAL PROPERTY [Land, bui |] | and wher | INSTRUCTIONS for when e to file this form are locat- bottom of page 2. | | | | |
| 14946 Frank | Calle | | INSTRU | ICTIONS on who must file and how to fill it out begin | | | |
| | | | | FORMS you may need to escribed on page 6. | | | |

| المراسعة والمتال المتالة في المساولية في المنال والمتال والمتال والمتال والمتال والمتال والمتال والمتال والمتال | | | فالبيون والمراب والمرابع والم | | | |
|---|---------------------|-----------------------------------|--|---------------------|--|--|
| PART D — INTANGIBLE PERSO TYPE OF INTANG | | ks, bonds, certifica | oonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | |
| NWE | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | |
| Surces School | | 10001 TULESO BUNGAS PL CANTETTE R | | | | |
| RIEN SIDE BAIK | | 18501 Toloso BUNEAS AL CAMOTO R | | | | |
| , | | | | | | |
| | | | | | | |
| | | | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of 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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | | | |
| SIGNATURE (required): DATE SIGNED (required): | | | | | | |

-4-07

ING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

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.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your 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.

WHEN TO FILE:

initially, each local officer/employee, state officer, and specified state employee must 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.

City of Sanibel

800 Dunlop Road Sanibel, FL 33957-4096

Mailed From 33957 US POSTAGE \$05.210 08/09/2007

012H16207993

Lee County Supervisor of Elections Post Office Box 2545 Fort Myers, FL 33902-2545 Ms. Bernie Feliciano Qualifying Officer

TOOM STREET MOST