FORM 1 STATEMENT OF		1	2007		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	ESTS [
LAST NAME FIRST NAME MIDDLE N MAILING ADDRESS : 2443 Gyst St	AME: MARON - 1930 Circuna Adu # 1103	FOR OFFICE USE ONLY:			
NAME OF AGENCY: PUBAL ADT (C) NAME OF OFFICE OR POSITION HELD C	CIP: COUNTY: 33901 Lee <u>MWMABE - Fact Myor</u> R SOUGHT: n this form. Attach additional sheets, if necessary.	с	D Code		
	\sim		PDF 2007		
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: SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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): OMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting person] SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
INVESTMENTS	1) ARIOUS				
ARTFELT FORTONYERS	24113 First 81		+ itet Festival.		
	tot Myos, FL 32	901			
	ICOME [Major customers, clients, and other sources o AME OF MAJOR SOURCES ADDF OF BUSINESS' INCOME OF SO	RESS	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
		<u></u>			
		<u></u>			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] 1920 Original Avetting Ft Vilyes Residence		and ed IN	LING INSTRUCTIONS for when d where to file this form are locat- at the bottom of page 2. STRUCTIONS on who must file s form and how to fill it out begin		
		on 01	page 3. THER FORMS you may need to are described on page 6.		

PART D INTANGIBLE PERSONAL PROPERTY	Y [Stocks, bonds, certifi	icates of deposit, etc.]	P		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WH	HICH THE	PROPERTY RELATES	
				We have a second s	
		·····			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
Nore					
PART F — INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or positi/	ons in certain types of businesse	:S]	_	
BUSINESS NAME OF	S ENTITY # 1	BUSINESS ENTITY # 2	2	BUSINESS ENTITY # 3	
BUSINESS ENTITY	!				
BUSINESS ENTITY	<u>re-</u>				
ACTIVITY MOS	1-6-2				
VITH ENTITY					
INTEREST IN THE BUSINESS					
OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F		D ON A SEPARATE SHE	et, ple	ASE CHECK HERE	
SIGNATURE (required):		DATE SIGNED (required):			
	FILING IN	STRUCTIONS:		100	
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	WHERE TO FILI If you were mailed the on Ethics or a Count your annual disclosu that location.	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. WHEN TO FILE: Local officers/employees file with the Supervisor of Elections of the county in which they perma- Initially, each local officer/employee, officer, and specified state employee file within 30 days of the date of his o appointment or of the beginning of em ment. Appointees who must be confirmed the Senate must file prior to confirmation,		y, each local officer/employee, state and specified state employee must thin 30 days of the date of his or her tment or of the beginning of employ-	
section, you must write "none" or "n/a" in that section(s).	of Elections of the c nently reside. (If you in Florida, file with th			he Senate must file prior to confirmation, even that is less than 30 days from the date of their ppointment.	
NOTE: MULTIPLE FILING UNNECESSARY:	State officers or s			ile at the same time they file their	

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.

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.

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.