

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

Post Marked
10-1-2007

*0700102RM1023S0ELaeO-P1

LAST NAME -- FIRST NAME -- MIDDLE NAME :
 Newton, Bradford

MAILING ADDRESS :
 P.O. Box 1002

CITY : ZIP : COUNTY :
 Fort Myers 33902 Lee

NAME OF AGENCY :
 Historic Preservation Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 Appointed Member

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
 CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

A/C

ID Code _____

ID No. _____

Conf. Code _____

P. Req. Code _____

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):

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 INCOME [Major sources of income to the reporting person]		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Target Builders, Inc.	2240 W. First ST. #100, Fort Myers, FL 33901	Construction Management

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]
Primary Residence - 2770 Rhode Island Avenue, Fort Myers, FL 33916
Residence - 2763 Providence Street, Fort Myers, FL 33916
Residence - 2773 Providence Street, Fort Myers, FL 33916
Residence - 4244 Edgewood Avenue, Fort Myers, FL 33916
Continued - Page 3 Attached

FILING INSTRUCTIONS for 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.

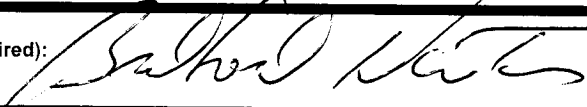
OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Simple IRA	Personal - Brad Newton

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Fifth Third Bank	2068 Cleveland Avenue, Fort Myers, FL 33901
Colonial Bank	27200 Riverview Center BLVD, Suite #200, Bonita Springs, FL 34134
Commerce Bank	1520 Royal Palm Square BLVD, Suite 100, Fort Myers, FL 33919
Washington Mutual Bank	PO Box 100576, Florence, SC 29501
First Florida Bank	8850 Tamiami Trail N, Naples, FL 34108

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	N/A		
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): 9-30-2007

FILING 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.

FORM 1 - STATEMENT OF FINANCIAL INTERESTS 2006

PART C - REAL PROPERTY - CONTINUED FROM PAGE 1

Commercial Building - 1406 Bayview Court/2210 Bay Street, Fort Myers, FL 33901

Commercial Building/Vacant Land - 1414 Bayview Court, Fort Myers rs, FL 33901

Commercial Buildings - 2200 Dr. Martin Luther King JR BLVD. Fort Myers, FL 33901

Residence- 2546 Second Street, Fort Myers, , FL 33901

Vacant Land - 2116 Palm Avenue, Fort Myers, FL 33901

Vacant Land - 2640/50 First Street, Fort Myers, FL 33916

Vacant Land - 2648/50 First Street, Fort Myers, FL 33916

Vacant Land - 2539 Second Street, Fort Myers, FL 33901

COPY

Bradford Newton

**2770 Rhode Island Avenue
Fort Myers, FL 33916
(239) 337-7585**

October 1, 2007

Mr. Philip Claypool
State of Florida
Commission on Ethics
P.O. Drawer 15709
Tallahassee, FL 32317-5709

RE: Financial Disclosure (Form 1, Statement of Financial Interests – 2006)

Dear Mr. Claypool,

I have received your letter dated 9/7/2007 (Copy Attached) and have now filed my Financial Disclosure with the Lee County Supervisor of Elections.

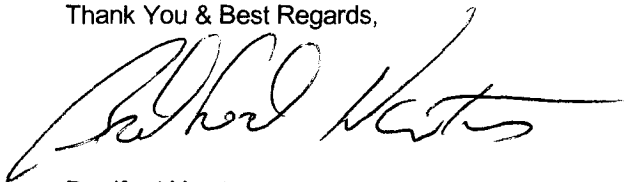
My mother and my uncle live in the house next door to me. Both are elderly and I am their primary care giver. My Uncle William Alexander has been in poor health for some time suffering from cancer and a heart condition.

Hope Hospice (Consent Form Attached) came into the home on May 21, 2007 to provide services and support. My uncle passed away peacefully at home on Sunday September 23, 2007 (Copy of Obituarie Attached).

I understand that I am late in filing my Financial Disclosure. However, I would like to respectfully plead for leniency from the automatic fines due to the circumstances above. This has been an extremely stressful and time consuming period for me.

I appreciate your time and understanding in regards to this matter.

Thank You & Best Regards,



Bradford Newton
Member
City of Fort Myers
Historic Preservation Commission

Albert P. Massey, III
Chair
Charles Lydecker
Vice Chair
Michael W. Brown
Cheryl Forchilli
Latour "LT" Lafferty
Christopher T. McRae
Thomas P. Scarritt, Jr.



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, FL 32317-5709

3600 Maclay Blvd., South, Suite 201
Tallahassee, FL 32312

Philip Claypool
Executive Director

Virindia Doss
*Deputy Executive
Director*

(850) 488-7864 Phone
278-7864 Suncom
(850) 488-3077 (FAX)
www.ethics.state.fl.us

September 7, 2007

Bradford Newton - 209210
Member
Fort Myers
Historic Preservation Commission
2770 Rhode Island Avenue
Fort Myers FL 33916

RE: Financial Disclosure (Form 1, Statement of Financial Interests -- 2006)

Earlier this year, you were noticed of your obligation to file a Form 1, Statement of Financial Interests, for the year ending December 31, 2006. The grace period for filing expired on September 4, 2007 and according to records in our office you have not filed Form 1. I am writing to advise you, that pursuant to State law, an automatic fine of \$25.00 per day for each day late (\$1,500 maximum fine) is being assessed against you for your failure to timely file Form 1. Please file the form as soon as possible with the Lee County Supervisor of Elections.

Sincerely,

A handwritten signature in black ink, appearing to read "Philip Claypool". The signature is written in a cursive, flowing style.

Philip Claypool
Executive Director



INFORMED CONSENT/ASSIGNMENT OF BENEFITS

MR#: 5275
 Patient Name: William Alexander
 Team: 1202
 Date: 5/21/07

I/we, the patient and family, choose to receive hospice care from Hope Hospice and acknowledge, consent and agree to the following:

- Hospice and Palliative Care - The Hope Hospice Program provides care to meet the physical, emotional, and spiritual needs of the patient and family. The focus of this care is to provide comfort, relief of pain and other symptoms.
- Hospice Services - Homecare services are provided where the patient lives by a team of professionals and volunteers on a scheduled and as-needed basis, 24-hours a day, 7 days a week. Services may include nursing, physician care, pharmacy, social work, counseling, home health aides, homemakers, volunteers, medical supplies and equipment, dietary counseling.
 Inpatient services are provided in the hospital or at a Hospice House when it is deemed necessary by the Hospice Interdisciplinary Team and the attending physician.
 Continuous care over a period of 8-hours or more in a patient's home may be provided when guidelines are met.
 Respite care in the hospice inpatient facility or a local nursing home may be provided when guidelines are met.
- Patient and Family Rights and Responsibilities - The hospice team is not intended to take the place of the family or caregivers but rather to provide support in caring for the patient. Patients, caregivers and families are encouraged to join the hospice team in making decisions about the variety, frequency, and intensity of services. Patient and Family Rights and Responsibilities have been explained, understood and a copy received.
- Patient Health Information - Confidentiality is maintained within current guidelines and regulations. Hope Hospice honors all donations and memorials by printing patient and contributors' names in our newsletter.
- Coverage of Services - Services not covered, if any, by insurance will be explained. It is understood I/we, the patient and family, are responsible for charges not covered by health insurance. Florida State Law and the Florida Department of Insurance require all healthcare providers to send a monthly statement reflecting the balance due after the insurance company has considered the submitted expenses. The decision to receive Hope Hospice care and services will not be based on my ability to pay. The coverage for Hope Hospice care has been explained and I have been afforded the opportunity to discuss financial needs with a hospice representative to the extent I desire.
- It is understood I/we, the patient and family, may choose to withdraw from hospice care at any time. I may be discharged from the program if my condition no longer warrants hospice care.
- Payment is hereby authorized to be made on my behalf directly to Hope Hospice for health insurance benefits otherwise payable to me in connection with the provision of Hospice services. Release of all records required to implement this authorization is approved. I am responsible to Hope Hospice for charges (including deductible or coinsurance) not covered by my health insurance.

I have received a brief explanation and copy of The Notice of Privacy. WAE (Initials)

Larry Dean Velpi Patient/Surrogate or Proxy Name (print) William Alexander Patient/Surrogate or Proxy Signature 5/21/07 Date

Address (if different from Patient's) _____ Phone # _____
Wanda Parkman Witness (print) [Signature] Witness Signature 5/21/07 Date

ORIGINAL - Medical Record CANARY - Patient/Family

From: downtownfmdiva@aol.com [mailto:downtownfmdiva@aol.com]

Sent: Sunday, September 30, 2007 9:07 PM

To: Brad Newton

Subject: Uncle Melvin's obit from Hickory...

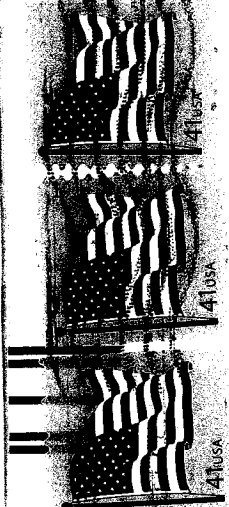
<http://www.legacy.com/HickoryRecord/Obituaries.asp?Page=Notice&PersonID=95130656>

William M. Alexander

FORT MYERS, Fla. - William Melvin Alexander, formerly of Hickory, died Sunday, Sept. 23, 2007, at his home after a long period of declining health. Melvin was born Jan. 26, 1935, in Burke County to the late William Ervin Alexander and Clara Lee Burgin Alexander. In addition to his parents, he was preceded in death by his son, William Melvin (Billy) Alexander Jr. and a sister, Barbara Alexander. Survivors include his son, Gregory Alexander; a grandson, Tyler; and the mother of his children, Charlotte Byers, all of Hickory, N.C.; a sister, Toby Alexander Delpi; two nephews, Brad and Cole Newton; a great-nephew, Delin; and a great-niece, Jaycie Newton, all of Fort Myers, Fla.; a special cousin, Calvin McNeilly of Hildebran, N.C.; and his uncle and aunt, Wilburn and Ruby Burgin of Newton, N.C. Melvin retired from Carolina Freight as a truck driver in Cherryville, N.C., and was of the Baptist faith. A memorial service will be held Sunday, Sept. 30, 2007, in Fort Myers, Fla. Memorials may be made to Hope Hospice, 9470 Health Park Circle, Fort Myers, Fla. 33908.

Email and AIM finally together. You've gotta check out free [AOL Mail!](#)

10/1/2007



FT MYERS FL
01 OCT 2007 PM

Robert Harrington
Supervisor of Elections
LEE COUNTY
CONSTITUTIONAL COMPLEX
P.O. BOX 2545
FORT MYERS, FLORIDA 33902

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

