1 2006 , forward For W 1,11 GREGORY JASON PETTIBON 4373 S W 10TH PL #101 DEERFIELD BEACH FL 33442

| FORM 1 F  | <del>المتعليمي التيزير</del> | FINAL STA   | TEMENT OF   | 1                 | 2007  |
|---|------------------------------|---|---|-------------------|---|
|   |                              | FINANCIAL   |   |                   |   |
| (TO BE FILED W  |                              | N 60 DAYS OF LEAV                                 |   |                   | EMPLOYMENT)   |
| LAST NAME - FIRST NAME - MIDD   |                              | · · · · · · · · · · · · · · · · · · ·             | NAME OF REPORTING PERSON'S AGENCY:  |                   |   |
| Pettibon, Gregory, Ja   | usan_                        |   |   |                   |   |
| MAILING ADDRESS:  |                              |   | Catalina @ Winkler Presere CDD<br>CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): |                   |   |
| 4373 SW 10th PL 1   | Apt 10                       | <u>×(</u>   |   |                   |   |
|   |                              |   | LIST OFFICE OR POSITION HELD: Board of Supervisors.   |                   |   |
| CITY: ZIP:<br>December Breach 334   | +47                          | COUNTY:<br>Brown                                  |   |                   |   |
| Deenfield Beach 334   |                              |   |   |                   |   |
|   | 6                            | DTH PARTS OF THIS SECT                            |   |                   |   |
| THIS STATEMENT REFLECTS MY FIN<br>OFFICE OR EMPLOYMENT DESCRIB                                      |                              | NINTERESTS FOR THE PERIC                          | OD BETWEEN JANUARY 1, 20<br><b>4/30/07</b>  | 007 AND 1<br>, 20 | THE LAST DATE I HELD THE PUBLIC   |
| MANNER RECOLULATING RE  | ORA                          | E F ITTERESTS:                                    |   |                   |   |
| THE LEGISI ATLINE A LOWS HERS<br>FEWER CALCULATIONS, OF USING<br>further detail). PLEASE STATE BELC | THE OP                       | TONOF USING REPORTING<br>AF ATIVE THEESHOLDS, WHI | THRESHOLDS THAT ARE ABS<br>CH ARE USUALLY BASED O   | SOLUTE E          | OLLAR VALUES, WHICH REQUIRES<br>INTAGE VALUES (see instructions for                   |
| further detail). PLEASE OTATE BELC  |                              |   |   |                   | JE THRESHOLDS   |
|   |                              |   |   |                   |   |
| PART A PRIMARY SOURCES O<br>NAME OF SOURCE  | )F INCC                      | OME [Major sources of income<br>SOURC             |   |                   | RIPTION OF THE SOURCE'S   |
|   |                              | ADDRI   | 23442   |                   | · · · · · · · · · · · · · · · · · · ·   |
| Salamo DR Horton  |                              | 1245 S. Millingt                                  | trail, Deerfial Beah, FL Homebuildy.  |                   | cbuildg.  |
|   | <u></u>                      |   |   |                   | <u></u>   |
|   |                              |   |   |                   |   |
|   |                              |   |   |                   |   |
|   | ريروي                        |   |   |                   |   |
| PART B SECONDARY SOURCE   | ES OF I                      | NCOME [Major customers, cl                        | lients, and other sources of inc  | ome to bu         | isinesses owned by reporting person]  |
| NAME OF<br>BUSINESS ENTITY  |                              | NE OF MAJOR SOURCES                               | ADDRESS<br>OF SOURCE  |                   | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE  |
| N/A ->  |                              |   |   |                   |   |
| /   |                              |   |   |                   |   |
|   |                              |   |   |                   |   |
|   |                              |   |   |                   |   |
|   |                              |   |   |                   |   |
| PART C REAL PROPERTY [Lar   | ıd, buildi                   | ngs owned by the reporting per                    | erson]  | when              | NG INSTRUCTIONS for<br>and where to file this form are<br>ad at the bottom of page 2. |
| <u>N/A</u>  |                              |   |   |                   | RUCTIONS on who must file   |
|   | <u> </u>                     |   |   | this fo           | orm and how to fill it out begin<br>ge 3 of this packet.                              |
| -   |                              |   |   | _                 | ER FORMS you may need to  |
|   |                              | <u></u>   |   |                   | re described on page 6.   |

| PART D INTANGIBLE PER   |                 | RTV (Stocks bonds                        | certificates of deposit, etc.]                             |  |  |  |
|---|-----------------|--|--|--|--|--|
| TYPE OF INTANG  |                 |  | BUSINESS ENTITY TO WHI                                     | CH THE PROPERTY RELATES  |  |  |
| Personal Incolute   |                 | mus                                      | museff   |  |  |  |
|   |                 |  | - <u>&gt;</u>  |  |  |  |
|   |                 |  |  |  |  |  |
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|   |                 |  |  |  |  |  |
|   |                 |  |  |  |  |  |
|   |                 |  |  |  |  |  |
| PART E - LIABILITIES [Majo  | or debts]       |  |  |  |  |  |
| NAME OF CREDI   | ITOR            |  | ADDRESS (  | DF CREDITOR  |  |  |
| N/A ->  |                 |  |  |  |  |  |
|   |                 |  |  |  |  |  |
| V.  |                 |  |  |  |  |  |
|   |                 |  | <u> </u>   |  |  |  |
|   |                 |  | <u>, , , , , , , , , , , , , , , , , , , </u>              |  |  |  |
|   |                 |  |  |  |  |  |
| PART F - INTERESTS IN SF  |                 |  |  | -  |  |  |
| NAME OF   | BUSINESS        | ENTITY # 1                               | BUSINESS ENTITY # 2  | BUSINESS ENTITY # 3  |  |  |
| BUSINESS ENTITY   | N/A             |  |  |  |  |  |
| BUSINESS ENTITY   |                 |  |  |  |  |  |
| PRINCIPAL BUSINESS<br>ACTIVITY                                      | ¥               |  |  |  |  |  |
| POSITION HELD<br>WITH ENTITY  |                 | <u></u>                                  |  |  |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS                    |                 |  |  |  |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST                                  |                 |  |  |  |  |  |
|   |                 |  |  |  |  |  |
| IF ANY OF PARTS A   | A THROUGH F     | ARE CONTINUE                             | ED ON A SEPARATE SHE                                       | ET, PLEASE CHECK HERE  |  |  |
|   |                 |  | DATE SI  |  |  |  |
| SIGNATURE:  | Im Att          |  | DATES  | GNED: 6/26/07  |  |  |
| 10 mp   | And Inde        |  |  |  |  |  |
|   | ,<br>           |  | ~~~~   |  |  |  |
|   | H               | FILING IN                                | STRUCTIONS:  |  |  |  |
|   |                 |  |  |  |  |  |
|   |                 |  |  | NOTE:  |  |  |
| WHAT TO FILE:<br>After completing all parts of                      | of this form on |  | s: file with the Supervisor of                             | If you are leaving office or employment  |  |  |
| pages 1 and 2 including signing and dating it.                      |                 | Elections of the<br>pently reside. (If y | county in which you perma-<br>ou do not permanently reside | during the first half of 2007, you may not have filed Form 1 for 2006. In that case,         |  |  |
| need not return any of the instruction pages).                      |                 | in Florida, file with                    | n the Supervisor of the county                             | this is not the last form you will file, even<br>though the Form 1F covers the final portion |  |  |
| Facsimiles will not be accepted                                     | d.              | , .                                      | y has its headquarters.)<br>s or specified state employ-   | of your term of office or employment. You  |  |  |
| WHEN TO FILE:   |                 | ees: file with the                       | Commission on Ethics, P.O.                                 | will be required to file Form 1 for 2006 by July 1 of 2007.                                  |  |  |
| At the end of office or empl<br>local officer, state officer, and s | loyment each    |  | Fallahassee, FL 32317-5709;<br>:: 3600 Maclay Boulevard,   |  |  |  |
| employee is required to file a fir                                  | hal disclosure  | South, Suite 201,                        | Tallahassee, FL 32312.                                     |  |  |  |

on page 3.

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

Form 6.

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 1 F   | FINAL STAT   | FEMENT OF  |  | 2007   |  |
|--|--|--|--|--|--|
| (TO BE FILED WIT   | THIN 60 DAYS OF LEAV   |  | EOR                                      | EMPLOYMENT)  |  |
| LAST NAME FIRST NAME MIDDLI  | <u></u>  | NAME OF REPORTING PEI  |  | · · · · · · · · · · · · · · · · · · ·  |  |
| Pettibon, Gregory, Jas   | α <u>γ</u>   | Bella Vida CDD   |  |  |  |
| MAILING ADDRESS:   |  |  |  | (see "Who Must File" on page 3):   |  |
| 4373 SW 10th PL A  | pt 101   |  |  |  |  |
| CITY: ZIP: COUNTY:   |  | LIST OFFICE OR POSITION HELD: Board of Superviews.   |  |  |  |
| Deenfield Beach 3342   | the Brownah  |  |  |  |  |
| DISCLOSURE PERIOD:<br>THIS STATEMENT LEFECTS MY INA<br>OFFICE OR EMPLOYMENT DESCRIBE<br>MANNER OF CALCULATING REPO<br>THE LEGISLATURE ALLOWS FILERS TH<br>FEWER CLICULATIONS, OR DSING C<br>furthing dotails) DEEASE STATE BELOW<br>COMPARATIVE/PERCEI | DABOVE, WHICH DATE WAS<br>ORTABLE INTERESTS:<br>HE OPTION OF USING REPORTING<br>COMPARATIVE THRESHOLDS, WHI<br>V WHETHER THIS STATEMENT RE | OD BETWEEN JANUARY 1, 20<br>4/30/07<br>THRESHOLDS THAT ARE ABS<br>ICH ARE USUALLY BASED OF<br>FLECTS EITHER (check one): | 007 AND T<br>, 20<br>SOLUTE D<br>N PERCE | 07. (Date must be prior to 12/31/07)<br>OLLAR VALUES, WHICH REQUIRES   |  |
| PART A - PRIMARY SOURCES OF<br>NAME OF SOURCE<br>OF INCOME<br>Salam-DR Herton  | SOUR<br>ADDR   | E [Major sources of income to the reporting person]<br>SOURCE'S<br>ADDRESS<br>245 S. Milfrug-Inil, Deerfal Beal, FL      |  | DESCRIPTION OF THE SOURCE'S<br>PRINCIPAL BUSINESS ACTIVITY<br>Homebuildy.  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| PART B SECONDARY SOURCES   | S OF INCOME [Major customers, c<br>NAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME  |  |  | sinesses owned by reporting person]<br>PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| ·····  |  |  |  |  |  |
| PART C REAL PROPERTY [Land   | d, buildings owned by the reporting p  | erson]   | when<br>locate<br>INST<br>this fo        | IG INSTRUCTIONS for<br>and where to file this form are<br>ed at the bottom of page 2.<br>RUCTIONS on who must file<br>orm and how to fill it out begin<br>ge 3 of this packet. |  |
|  |  |  | отн                                      | ER FORMS you may need to<br>e described on page 6.   |  |

| PART D — INTANGIBLE PER<br>TYPE OF INTANG  |                     | IY (Stocks, bonds           |   | CH THE PROPERTY RELATES  |
|--|---------------------|-----------------------------|---|--|
| Personal Inghth  |                     | 1 /mine                     | - a l                                   | · · · · · · · · · · · · · · · · · · ·  |
| ersonal threstate  |                     | - Curos                     |   |  |
|  |                     |                             |   |  |
| · · · · · · · · · · · · · · · · · · ·  |                     |                             | . <u> </u>                              |  |
|  | ··· - <u></u>       |                             |   |  |
|  |                     |                             |   |  |
|  |                     |                             |   |  |
|  |                     |                             |   |  |
| PART E — LIABILITIES [Majo<br>NAME OF CREDI  |                     | 1                           |   | OF CREDITOR  |
|  |                     |                             |   | CF CREDITOR  |
| N/A ->   | <u> </u>            |                             |   |  |
| <u>_</u>   |                     |                             |   |  |
| *  |                     |                             |   |  |
|  |                     |                             |   |  |
|  |                     |                             |   |  |
| PART F — INTERESTS IN SF   |                     | SSES IOwnerst               | nin or positions in certain types of l  | husinesses]  |
|  | BUSINESS E          | -                           | BUSINESS ENTITY # 2                     | -  |
| NAME OF  | $n_1/A \rightarrow$ | >                           |   |  |
| BUSINESS ENTITY<br>ADDRESS OF  | 1                   |                             |   |  |
| BUSINESS ENTITY<br>PRINCIPAL BUSINESS  |                     |                             |   |  |
| ACTIVITY<br>POSITION HELD  |                     |                             |   |  |
| WITH ENTITY  |                     |                             |   |  |
| I OWN MORE THAN A 5%   |                     |                             |   | ······   |
| NATURE OF MY<br>OWNERSHIP INTEREST   |                     |                             |   |  |
|  |                     |                             |   |  |
| IF ANY OF PARTS A  | THROUGH F AI        | RE CONTINU                  | ED ON A SEPARATE SHE                    | ET, PLEASE CHECK HERE  |
| SIGNATURE:   | $\wedge$            |                             | DATE S                                  | IGNED.   |
| SIGNATURE.   | On Att              |                             |   | 6/26/07  |
|  | ,                   |                             |   |  |
|  | -                   |                             |   |  |
|  | Fl                  | LING IN                     | STRUCTIONS:                             |  |
|  |                     |                             |   |  |
|  |                     |                             |   |  |
| WHAT TO FILE:<br>After completing all parts o  |                     | WHERE TO F<br>Local officer | ILE:<br>rs: file with the Supervisor of | NOTE:<br>If you are leaving office or employment   |
| pages 1 and 2, including signing   | g and dating it,    | Elections of the            | county in which you perma-              | during the first half of 2007, you may not   |
| send back only pages 1 and 2 for filing (you nently reside. (If you do not permanently reside have filed Form 1 for 2006. In that contract need not return any of the instruction pages). In Florida, file with the Supervisor of the county this is not the last form you will file, of the supervisor of the county this is not the last form you will file, of the supervisor of the county the superv |                     |                             |   | have filed Form 1 for 2006. In that case,<br>this is not the last form you will file, even |

WHEN TO FILE:

Facsimiles will not be accepted.

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.

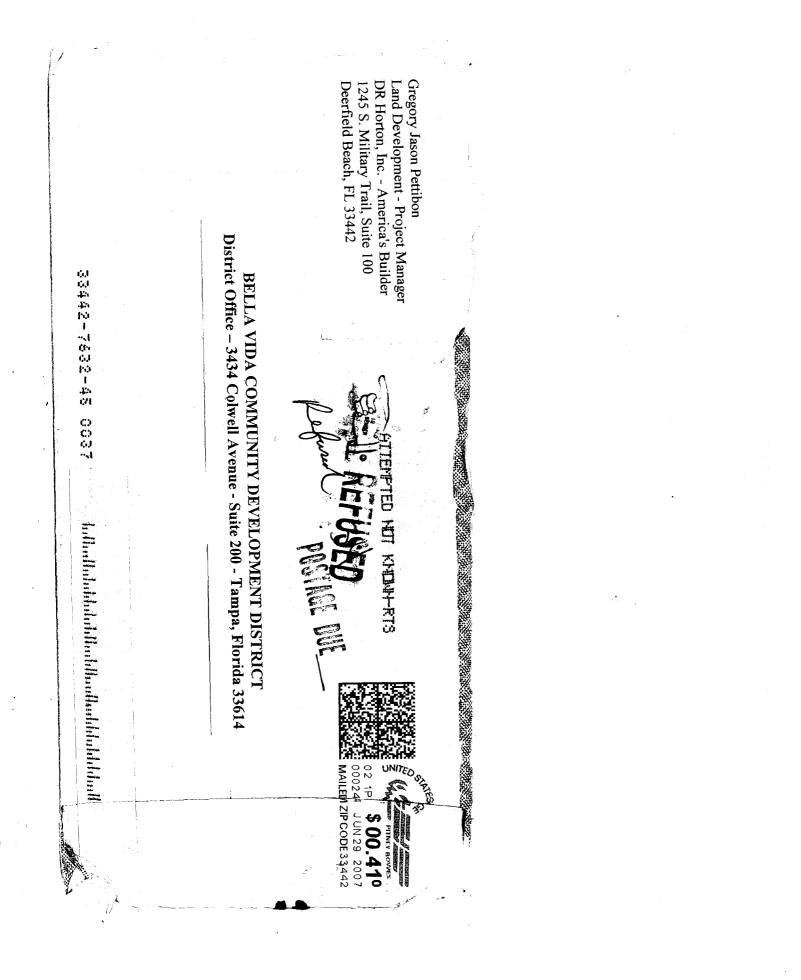
where your agency has its headquarters.)

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.

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

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 by July 1 of 2007.

Gregory Pethicon 1245 S. Military Trad suite 100 Deerfield Beach, FL 33442 1 .4 4 33901+3074 Lec County Supervision of chestions Sharron L. Hoursmyton, Supervison PO Box 2545 Fort myors, FL 33901 24 Bothempson struct UNITED STATES POST 02 1P 0002423714 JUL 24 2007 MAILED FROM ZIP CODE 33 442 Ę 1.100



# SHARON L. HARRINGTON SUPERVISOR OF ELECTIONS LEE COUNTY - FLORIDA

| PHYSICAL ADDRESS                           | MAILING ADDRESS                                |
|--|--|
|  | please send all correspondence to this address |
| LEE COUNTY CONSTITUTIONAL                  |  |
| COMPLEX                                    | 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                   |

TO: Departing Local Officer

GREGORY JASON PETTIBON 4373 S W 10TH PL #101 DEERFIELD BEACH FL 33442

**FROM:** Bernie Feliciano, Qualifying Officer

**DATE:** August 22, 2007

SUBJECT: Form 1 Statement of Financial Interests for <u>Year Ending 12-31-2006</u>

We are in receipt of your **FORM 1F-FINAL** Statement of Financial Interests for 2007 that <u>covers a portion</u> 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 <u>public office or employment was 04-30-07</u>.

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. <u>Even if you left the your position in 2007</u>, you are required to file financial disclosure <u>for 2006</u> on the enclosed form.

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

<u>WHERE TO FILE</u>: Please return the completed <u>ORIGINAL</u> form, including signature and date 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 <u>Florida</u> <u>Commission on Ethics at 1-850-488-7864</u>.

Thank you for your cooperation and prompt attention to this matter.

Enclosures: Form 1 Statement of Financial Interests/Postage Paid Return Envelope