FORM 1	STATEMEN	2006 _ặ				
Please print or type your name, mailing address, agency name, and position below:						
LAST NAME - FIRST NAME - MIDDLE N Pye Terry MAILING ADDRESS:	Roland	FOR OFFIC USE ONLY	Living the state of the state o			
P.O. Box 3507			ID Code			
N.FT. MYERS		ID No.				
NAME OF AGENCY: Moody River Esta NAME OF OFFICE OR POSITION HELD	ites Community Develop.	nat 1267.	Conf. Code P. Req. Code			
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE O	r 1	·	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: 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 INCO NAME OF SOURCE OF INCOME	DME [Major sources of income to the repo SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
N. Ft Myers Fire Ds	FM 1	Fire/Rescue				
PART R. OF CONDADY COURCE OF	INCOME (Major quatornary glicute, and at					
PART B SECONDARY SOURCES OF I NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, buil	dings owned by the reporting person]		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
		1	NSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to			
			ile 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				
THE OF INTANGIBL	- L		BOOINEOU ENTITT TO WHICH THE	THOILNII NELAILO
PART E — LIABILITIES [Major debts] NAME OF CREDITOR ADDRESS OF CREDITOR			EDITOR	
PART F — INTERESTS IN SPECIFI	_			
NAME OF	BUSINESS ENTI	TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY	s			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS A	THROUGH F ARE	E CONTINUE	ON A SEPARATE SHEET, PL	EASE CHECK HERE

WHAT TO FILE:

SIGNATURE (required):

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:

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FILING INSTRUCTIONS:

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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.)

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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:

DATE SIGNED (required): 11/9/07

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.

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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.

CE FORM 1 - Eff. 1/2007 PAGE 2

North Fort Myers Fire Control and Rescue Service District
B. C. BOX 3507
North Fort Myers, FL. 33918-3507



LEE CO. SUPERVBOR OF ELECTIONS FO. BOX 2545 70. BOX 2545 77. MYERS, FL. 33902.

FINANCIAL DECLOSURE -

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FORM 1	STATEM		2006		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		A 88	,
	NAME:	FOR OFF USE ONL		6-11-07	200
P.O. Box 35	07	((2)		Tume::
			ID Cod	ie	S. S.
N. Ft. Myers 3	ZIP: COUNTY: 3918-3507 L	-ee	ID No.		
NAME OF AGENCY: Moody River Estar NAME OF OFFICE OR POSITION HELD	tes Community Dece	lapment Dist	Conf.	Code J. Code	[ee Co]-]
Supervisor				, Coue	-
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	on this form. Attach additional sheets OR NEW EMPLOYEE OR A	,		PDF 2006	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FI A FISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2006 MANNER OF CALCULATING REPORTATHE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (instructions for further details). PLEASE COMPARATIVE (PERCENTAGE) PART A - PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME N. Ft. Myers Fire Disc	OW WHETHER THIS STATEMENT IS OR SPECIFY ABLE INTERESTS: THE OPTION OF USING REPORD USING COMPARATIVE THRESHORD WHETHER THIS STATE BELOW WHETHER THE BELOW WHETHER STATE BELOW WHETHER THE BELOW WHETHER THE BELOW WHETHER T	RECEDING TAX YEAR, WHETHE FOR THE PRECEDING TAX YE TAX YEAR IF OTHER THAN TH TING THRESHOLDS THAT AR HOLDS, WHICH ARE USUALLY ATEMENT REFLECTS EITHER OR DO THE REPORTING PERSON] JRCE'S DRESS	EAR ENDI HE CALEN RE ABSOI (BASED (check on OLLAR VA	NG EITHER (check one): DAR YEAR: UTE DOLLAR VALUES, WH ON PERCENTAGE VALUES (IICH (see
PART B - SECONDARY SOURCES OF			businesse		•
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PART C-REAL PROPERTY [Land, b) Home 13041 Sail		•	and wh	G INSTRUCTIONS for Nere to file this form are loone bottom of page 2.	
				RUCTIONS on who must m and how to fill it out be e 3.	
		7-24-00-		R FORMS you may need described on page 6.	l to

PART D — INTANGIBLE PERSO TYPE OF INTANGI		s, bonds, certificate	es of deposit, etc.] BUSINESS ENTITY TO WHICH T	HE PROPERTY RELATES
NA				
ι				
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PART E — LIABILITIES [Major d NAME OF CRED			ADDRESS OF C	REDITOR
N/A		•		
,				
		•		
PART F INTERESTS IN SPECI				
NAME OF	BUSINESS ENTI	TY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF	N/A			
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):	JAP48	<u> </u>	DATE SIGNE	ED (required): 10 14 2007

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FORM 1	STATEM	IENT OF		2006		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	S	ġ		
LAST NAME FIRST NAME MIDDLE N Pye Terry MAILING ADDRESS:	AME: Roland	FOR (OFFICE ONLY:	07JUN119#1016 SDE Lee CoF		
.North Fort Mue		<u></u>				
PO Box 3507		, ^{ID (}	Code On Un M			
N.F+ Myers		IDI	vo. 명			
N.Ft. Myers Fir			Cor	of. Code		
NAME OF OFFICE OR POSITION HELD OF FIRE Chief	PR SOUGHT :		P. F	Req. Code		
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OR	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
DISCLOSURE REDION.	**BOTH PARTS OF THIS SECTI	ON MUST BE COMPLETED	**			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINAL A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2006	WHETHER THIS STATEMENT IS	FOR THE PRECEDING TAX	YEAR EN	DING EITHER (check one):		
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			INST	RUCTIONS on who must file		
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Mary Control of the C						
PART E — LIABILITIES [Major de NAME OF CREDI		l	ADDRESS OF CR	EDITOR		
PART F — INTERESTS IN SPECIF	IED BUSINESSES [O	wnership or position	ons in certain types of businesses]			
	BUSINESS ENTI	ITY#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	IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				

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