FORM 1		STATEM	ENT OF	<u></u>	2008
Please print or type your name, maili address, agency name, and position		FINANCIAL	INTERES	STS	HIBO
LAST NAME FIRST NAME MI Smith Emily MAILING ADDRESS : 21121 Wild Horse Drive	DDLE NAME Ruth			OR OFFICE ISE ONLY:	HYZZ7HIO105SDELee CoF
CITY : Alva NAME OF AGENCY : A Living Vision of Alva, Inc NAME OF OFFICE OR POSITION Treasurer You are not limited to the space on th	HELD OR S	Lee SOUGHT :		\ 17	o Ti
			1		
A FISCAL YEAR. PLEASE STATE DECEMBER 31, 2 MANNER OF CALCULATING REP THE LEGISLATURE ALLOWS FIL	BELOW WH 1008 ORTABLE II ERS THE ( NS, OR US ASE STATE	ETHER THIS STATEMENT IS OR SPECIFY NTERESTS: OPTION OF USING REPOR ING COMPARATIVE THRESH BELOW WHETHER THIS ST	FOR THE PRECEDING TAX YEAR IF OTHER T TING THRESHOLDS T HOLDS, WHICH ARE U ATEMENT REFLECTS E	; TAX YEAR ENI HAN THE CALE HAT ARE ABS( ISUALLY BASEI	NDAR YEAR: DLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see ine):
PART A PRIMARY SOURCES ( NAME OF SOURCE OF INCOME	F INCOME	, SOU	he reporting person] IRCE'S IRESS	,	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
1st Mortgage Source, Inc.	·	12820 Kenwood Lane - Ft. Myers, FL 33			
			<u> </u>		
PART B SECONDARY SOURC NAME OF BUSINESS ENTITY	I NAM	ME [Major customers, clients, E OF MAJOR SOURCES 5 BUSINESS' INCOME	and other sources of inc ADDRES OF SOURC	s	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A		N/A		N/A
			<b>_</b>		
				<u></u>	
PART C REAL PROPERTY [La N/A	nd, buildings	s owned by the reporting perso	n]	and w ed at INST	NG INSTRUCTIONS for when where to file this form are locat- the bottom of page 2. RUCTIONS on who must file form and how to fill it out begin ge 3.
	- <u></u>	······			ER FORMS you may need to re described on page 6.

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PART D INTANGIBLE PERS TYPE OF INTAN		cks, bonds, certif		ICH THE PROPERTY RELATES		
N/A		N/A				
	· · · · · · · · · · · · · · · · · · ·	1				
	<u> </u>	<u> </u>	<u> </u>	<u></u>		
		<u></u>				
PART E — LIABILITIES [Major NAME OF CRE		]	ADDRESS	OF CREDITOR		
SW FL Regional Medical Ctr. (Lee Memorial Health Sys.)		2727 Winkle	2727 Winkler Ave Fort Myers, FL			
······································		1	<u></u>			
<u></u>	<u></u>					
PART F — INTERESTS IN SPEC	CIFIED BUSINESSES (C		itions in certain types of businesse BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	N/A		N/A	N/A		
ADDRESS OF			<u> </u>			
BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST			Ţ			
IF ANY OF PARTS	A THROUGH F AR		ED ON A SEPARATE SHE			
SIGNATURE (required):	mily R. An	ith	DATE S	GIGNED (required): 05/27/09		
	FI	LING IN	STRUCTIONS:	See Back of page		
		HERE TO FI		WHEN TO FILE: FOR MOTANY TO Initially, each local officer/employee, state		
After completing all parts of this form, including			the form by the Commission Inty Supervisor of Elections for	Initially, each local officer/employee, step officer, and specified state employee must		
signing and dating it, send ba sheet (pages 1 and 2) for filing.	- ya	our annual disclo	osure filing, return the form to	file within 30 days of the date of his or her		
the the particular		at location.	nterran filosotale de la Compañía	appointment or of the beginning of employ- ment. Appointees who must be confirmed by		
eaction your must write "none" or "n/o" in that			ployees file with the Supervisor county in which they perma-	the Senate must file prior to confirmation, even if that is less than 30 days from the date of their		

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.

nently 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.

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			2007
Please print or type your name, mailing address, agency name, and position be		FINANCIAL	INTERESTS	5 [	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
LAST NAME - FIRST NAME - MIDD Smith Emily Ru MAILING ADDRESS : 21121 Wild Horse Drive			FOR OI USE OI		ode 091112777010550EE rec Co c. Code Co
				ID C	ode
CITY : Alva	ZIP : 3392			ID N	。
NAME OF AGENCY : A Living Vision of Alva, Inc.				Cont	Code 8
NAME OF OFFICE OR POSITION HE Treasurer	ELD OR S	OUGHT :		P. R	eq. Code
You are not limited to the space on the I CHECK ONLY IF D CANDIDATE		is form. Attach additional sheets,			PDF 2007
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS COMPARATIVE (PERCENTAG	FINANCL LOW WHI 7 <u>(</u> RTABLE IN RS THE ( S, OR USI SE STATE	ETHER THIS STATEMENT IS I <u>OR</u> SPECIFY 1 NTERESTS: OPTION OF USING REPORT ING COMPARATIVE THRESH BELOW WHETHER THIS STA	ECEDING TAX YEAR, WHETH FOR THE PRECEDING TAX Y TAX YEAR IF OTHER THAN T TING THRESHOLDS THAT A IOLDS, WHICH ARE USUALL ATEMENT REFLECTS EITHER	HER BASE YEAR END THE CALE ARE ABSC LY BASED R (check o	DING EITHER (check one): NDAR YEAR: DLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME	INCOME	SOUF	ne reporting person] RCE'S RESS		SCRIPTION OF THE SOURCE'S
1st Mortgage Source, Inc.		12820 Kenwood Lane - Ft. Myers, FL 33907		Mortgage Correspondent Lender	
PART B - SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAME	ME [Major customers, clients, a E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	) business	es owned by the reporting person} PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A		N/A		N/A
PART C REAL PROPERTY [Land, N/A	buildings	owned by the reporting person	s]	and w	IG INSTRUCTIONS for when here to file this form are locat- the bottom of page 2.
	·······				RUCTIONS on who must file rm and how to fill it out begin ge 3.
<b></b>	<del> </del>				ER FORMS you may need to e described on page 6.

PART D INTANGIBLE PERS TYPE OF INTANC		[Stocks, bonds, certified		CH THE PROPERTY RELATES	
N/A		N/A			
;	<u> </u>				
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		<u> </u>			
PART E — LIABILITIES [Major NAME OF CRE		J	ADDRESS	OF CREDITOR	
SW FL Regional Medical	Ctr.(Lee Memor	ial H 2727 Winkl	er Ave Fort Myers, FL		
			<u></u>		
· · · · · · · · · · · · · · · · · · ·	<u> </u>				
 				<u>سى بى ئىلىكى بى ئىلىكى بىلىكى بى</u>	
PART F — INTERESTS IN SPEC		• • •		-	
NAME OF	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
BUSINESS ENTITY ADDRESS OF	N/A		N/A		
BUSINESS ENTITY PRINCIPAL BUSINESS	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
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 CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE (required):	mily R.	Smith	DATE S	GNED (required): 05/27/09 See Back Dage	
			<b>STRUCTIONS:</b>	for Notani	
WHAT TO FILE:	i	WHERE TO FIL		WHEN TO FILE:	
After completing all parts of this form, including If				Initially, each local officer/employee, state officer, and specified state employee must	
sheet (pages 1 and 2) for filing. you		your annual disclos	sure filing, return the form to	file within 30 days of the date of his or her	
If you have nothing to report in a particular		that location.	<b>Joyses</b> file with the Supervisor	appointment or of the beginning of employ- ment. Appointees who must be confirmed by	
section, you must write mone or main that of i		of Elections of the	county in which they perma-	the Senate must file prior to confirmation, even if that is less than 30 days from the date of their	
ner in f		in Florida, file with	the Supervisor of the county	appointment.	
			has its headquarters.)	Candidates for publicly-elected local office must file at the same time they file their	
MULTIPLE FILING UNNECESSARY: file		file with the Commi	specified state employees ission on Ethics, P.O. Drawer	qualifying papers.	
Generally, a person who has file calendar or fiscal year is not re			e, FL 32317-5709; physical clay Boulevard, South, Suite	Thereafter, local officers/employees, state officers, and specified state employees are	
second Form 1 for the same your as filed in candidate who previously filed in	ear. However, a	201, Tallahassee, F		required to file by July 1st following each calendar year in which they hold their posi-	
of another public position must al	least file a copy	<i>Candidates</i> file th qualifying papers.	nis form together with their	tions.	
of his or her original Form 1 whe	n qualifying.	T		Finally, at the end of office or employment.	

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

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.