FORM 1	STATEM	IENT OF	2008	
Please print or type your name, mailing address, agency name, and position below:		INTERESTS		
LAST NAME FIRST NAME MIDDLE N SMITH RUSSELL RILEY	AME :	FOR OF USE OF		
MAILING ADDRESS: 10481 BEN C PRATT PKWY			/ (5	
		1	Code	
FORT MYERS 3	ZIP: COUNTY: 33966 LEE	\	JID No.	
NAME OF AGENCY : PALERMO COMMUNITY DEVE	LOPMENT DISTRICT		Conf. Code	
NAME OF OFFICE OR POSITION HELD (SUPERVISOR	OR SOUGHT :		P. Req. Code	
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OF			P. Red. Code 505	
	**BOTH PARTS OF THIS SECT	_	——————————————————————————————————————	
A FISCAL YEAR. PLEASE STATE BELOW	ANCIAL INTERESTS FOR THE PR	RECEDING TAX YEAR, WHETH FOR THE PRECEDING TAX Y	HER BASED ON A CALENDAR YEAR OR ON OF THE PROPERTY OF THE PROP	
DECEMBER 31, 2008 MANNER OF CALCULATING REPORTAB		TAX YEAR IF OTHER THAN T	HE CALENDAR YEAR:	
THE LEGISLATURE ALLOWS FILERS TI	HE OPTION OF USING REPOR R USING COMPARATIVE THRESH TATE BELOW WHETHER THIS ST.	HOLDS, WHICH ARE USUALL ATEMENT REFLECTS EITHER	RE ABSOLUTE DOLLAR VALUES, WHICH Y BASED ON PERCENTAGE VALUES (see (check one): VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to t	the reporting person]		
NAME OF SOURCE OF INCOME	SOU	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
LENNAR CORPORATION	LENNAR CORPORATION 10481 BEN C PRATT PKWY,FT MYER:			
<u>-</u>	NCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A				
PART C REAL PROPERTY [Land, build 8331 WHISKEY PRESERVE CIRCLE		on]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
FORT MYERS, FL	1777		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 PERSO TYPE OF INTANG		ks, bonds, certifica	tes of deposit, etc.] BUSINESS ENTITY TO WHI	CH THE PROPERT	Y RELATES	
N/A						
		<u> </u>				
					,09 60	
PART E — LIABILITIES [Major NAME OF CREU		•	ADDRESS (OF CREDITOR	NOZH	
BANK OF AMERICA		6100 WHISKE	Y CREEK DRIVE, FORT M	YERS, FL	1008	
					89	
					<u> </u>	
					8	
					(F)	
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [O	wnership or position	ns in certain types of businesses]		
	BUSINESS ENT	TTY#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 SI	GNED (required):		

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.

FILING INSTRUCTIONS:

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						2008	}
Please print or type your name, mailing address, agency name, and position below	/:	FINANCIAL	INTERE	STS				
LAST NAME FIRST NAME MIDDL SMITH RUSSELL RILEY	NAME			FOR OF			لِنا	
MAILING ADDRESS : 10481 BEN C PRATT PKWY						ode		_
CITY	ZIP :	COUNTY:					\cong	ULC.
CITY: FORT MYERS	339			ID No) .	<u>S</u>	M CCO M	
NAME OF AGENCY : HABITAT COMMUNITY DEV						Code	\leq	NO28M1009SDELeeCo
NAME OF OFFICE OR POSITION HEI SUPERVISOR					P. Re	q. Code		13 0 S(
You are not limited to the space on the lin		s form. Attach additional sheets, NEW EMPLOYEE OR AF	*					ල
NOO! COURT REPLOY	**	SOTH PARTS OF THIS SECTI	ON MUST BE COM	PLETED**				-
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F A FISCAL YEAR. PLEASE STATE BEL	HW WC	ETHER THIS STATEMENT IS	FOR THE PRECEDI	NG TAX Y	EAR END	ING EITHER	R (check one):	R ON
DECEMBER 31, 2008 MANNER OF CALCULATING REPORT			TAX YEAR IF OTHER	R THAN TE	IE CALE	NDAR YEAR		
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE COMPARATIVE (PERCENTAGE	THE OR US STATE	OPTION OF USING REPORT NG COMPARATIVE THRESH BELOW WHETHER THIS STA	OLDS, WHICH ARE	S EITHER	(BASED (check o	ON PERCE	LAR VALUES, V ENTAGE VALUES	/HICH } (see
PART A PRIMARY SOURCES OF II NAME OF SOURCE OF INCOME	COME	SOUI	re reporting person] RCE'S RESS				OF THE SOURCE SINESS ACTIVIT	
LENNAR CORPORATION		10481 BEN C PRATT P	KWY,FT MYERS	,FL	CONST	RUCTION		
								,
PART B SECONDARY SOURCES (NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of ADDR OF SOL	ESS	business	PRI	the reporting per INCIPAL BUSINE: FIVITY OF SOUR	SS
N/A								

PART C REAL PROPERTY [Land,			n]		and w	here to file	RUCTIONS for this form are of page 2.	
8331 WHISKEY PRESERVE CIRC FORT MYERS, FL	LE #44	4			_		NS on who mus	st filo
FORT WIERS, FL						rm and ho	w to fill it out l	
							IS you may ne d on page 6.	ed to

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WH	ICH THE PROPE	ERTY RELATES	
N/A						
, , , , , , , , , , , , , , , , , , ,						
					Ö	
		=			102A	
PART E — LIABILITIES [Major NAME OF CREE		<u> </u>	ADDRESS	OF CREDITOR	10099	
BANK OF AMERICA		6100 WHISK	EY CREEK DRIVE, FORT M	YERS, FL	X	
			······································		8	
					•	
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [O	wnership or posit	ions in certain types of businesse	s]		
	BUSINESS ENT	ITY # 1	BUSINESS ENTITY # 2	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 S	GIGNED (require	d):	

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FORM 1		STATEM		2008			
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERE	STS			
LAST NAME FIRST NAME MIDD SMITH RUSSELL RILE		::		FOR OFF USE ONL			
MAILING ADDRESS: 10481 BEN C PRATT PKWY	,				I ID Co		
						5	
CITY: FORT MYERS	339				ID No		
NAME OF AGENCY : HERITAGE BAY COMMUNI			Т			Code	
NAME OF OFFICE OR POSITION HI SUPERVISOR	· .				P. Re	q. Code	
You are not limited to the space on the CHECK ONLY IF CANDIDATE		s form. Attach additional sheets NEW EMPLOYEE OR A				Ш	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	FINANCI LOW WH 8 RTABLE II RS THE (C), OR US	ETHER THIS STATEMENT IS OR SPECIFY NTERESTS: DPTION OF USING REPORING COMPARATIVE THRESH BELOW WHETHER THIS STA	ECEDING TAX YEAR, FOR THE PRECEDIN TAX YEAR IF OTHER TING THRESHOLDS HOLDS, WHICH ARE ATEMENT REFLECTS	, WHETHE NG TAX YE, THAN THI THAT ARI USUALLY SEITHER (AR END E CALEI E ABSC BASED check of	ING EITHER (check one): NDAR YEAR: NUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see	
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME	INCOME	sou	ne reporting person] RCE'S	1		CRIPTION OF THE SOURCE'S	
LENNAR CORPORATION		10481 BEN C PRATT F		S,FL CONSTRUCTION			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY N/A	NAM	ME [Major customers, clients, E OF MAJOR SOURCES F BUSINESS' INCOME	and other sources of it ADDRE OF SOU	ESS	ousiness	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
14/7							
PART C REAL PROPERTY [Land	, buildings	owned by the reporting perso	n) 		and w	G INSTRUCTIONS for when here to file this form are locat-	
8331 WHISKEY PRESERVE CIR FORT MYERS, FL	CLE #44	4			INST	he bottom of page 2. RUCTIONS on who must file	
					on pag		
						R FORMS you may need to	

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N/A							
, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,							
				Ç			
PART E — LIABILITIES [Major NAME OF CRE	debts] DITOR	l	ADDRESS OF CR	EDITOR PROPERTY OF THE PROPERT			
BANK OF AMERICA		6100 WHISK	6100 WHISKEY CREEK DRIVE, FORT MYERS, FL				
				996			
				<u> </u>			
				28			
				S			
PART F INTERESTS IN SPEC	IFIED BUSINESSES [O	wnership or positi	ons in certain types of businesses]				
	BUSINESS ENT	ITY#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):			
			CERTICETORIC				

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