FORM 1		STATEM	ENTO	SOELeeCoF	=1		2008	}
Please print or type your name, mailing address, agency name, and position be	How:	FINANCIAL	INTER	ESTS	7	7/0	/	
LAST NAME - FIRST NAME - MIDI SMITH RUSSELL RILE				FOR OFFIC		J		
MAILING ADDRESS : 10481 BEN C PRATT PKW	Y				-	/		
	ZIP : 3396							
HERITAGE BAY COMMUN			:Т	Ч		Code q. Code	2	
SUPERVISOR You are not limited to the space on the	lines on this	form Attach additional sharts	if necessary)
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PART D INTANGIBLE PERS TYPE OF INTANG	ONAL PROPERTY [Sto SIBLE	ocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WHI	ICH THE PROPERTY RELATES	
N/A					
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PART E LIABILITIES [Major NAME OF CREI		1	ADDRESS	OF CREDITOR	
BANK OF AMERICA		6100 WHISK	EY CREEK DRIVE, FORT M	YERS, FL	
		1			
				<u> </u>	
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PART F - INTERESTS IN SPEC	IFIED BUSINESSES	Ownership or positi	ions in certain types of businesses	3]	
	BUSINESS EN	• • •	BUSINESS ENTITY # 2	•	
NAME OF BUSINESS ENTITY	N/A				
ADDRESS OF BUSINESS ENTITY	<u> </u>	····			
PRINCIPAL BUSINESS	[······	
POSITION HELD WITH ENTITY	₫ <u></u>	······································	· · · · · · · · · · · · · · · · · · ·		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST			<u> </u>		
					ابر سنده
IF ANT OF PARTO			D ON A SEPARATE SHE		
	pune .6	t		6/8/2009	
. /	X F	ILING IN	STRUCTIONS:		
WHAT TO FILE:		WHERE TO FIL		WHEN TO FILE:	
After completing all parts of/this signing and dating it, send bac			the form by the Commission nty Supervisor of Elections for	Initially, each local officer/employee, st officer, and specified state employee m	
sheet (pages 1 and 2) for filing.	, y		sure filing, return the form to	file within 30 days of the date of his or appointment or of the beginning of empl	her
If you have nothing to report section, you must write "none"	t in a particular L	Local officers/emp	Noyees file with the Supervisor	ment. Appointees who must be confirmed	l by
section, you must write "none" section(s).	C		county in which they perma-	the Senate must file prior to confirmation, er if that is less than 30 days from the date of the	
Facsimiles will not be accepted	. ii	in Florida, file with	the Supervisor of the county has its headquarters.)	appointment. Candidates for publicly-elected local of	fice
NOTE:	5	State officers or	specified state employees	must file at the same time they file the qualifying papers.	
MULTIPLE FILING UNNE Generally, a person who has file			e, FL 32317-5709; physical	Thersefter, local officers/employees, st	iate
calendar or fiscal year is not re	equired to file a 8	address: 3600 Mac 201, Tailahassee, F	clay Boulevard, South, Suite	officers, and specified state employees required to file by July 1st following each	are
candidate who previously filed Form 1 because Candidates file this form together with their calendar year in which the				calendar year in which they hold their po	
of another public position must a	t least file a copy c	qualifying papers.		00110.	

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.

of his or her original Form 1 when qualifying.

FORM 1		STATEM	ENT OF			2008
Please print or type your name, mailin address, agency name, and position b		FINANCIAL	INTERES'	TS 🔽		
LAST NAME FIRST NAME MID SMITH RUSSELL RILE		Ξ:		R OFFICE E ONLY:		
MAILING ADDRESS 10481 BEN C PRATT PKW	/Y					Z
					ode	B
CITY : FORT MYERS	ZIP 339			ID N	0.	S
NAME OF AGENCY : HABITAT COMMUNITY DE	EVELOP	MENT DISTRICT		Conf	Code	Z
NAME OF OFFICE OR POSITION I SUPERVISOR	HELD OR S	SOUGHT :		P. R	eq. Code	
You are not limited to the space on the CHECK ONLY IF CANDIDATE						
		BOTH PARTS OF THIS SECT				••••••••••••••••••••••••••••••••••••••
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PART D INTANGIBLE PERSONAL PROPERT TYPE OF INTANGIBLE	Y [Stocks, bonds, cert	tificates of deposit, etc.] BUSINESS ENTITY TO WH	IICH THE	PROPERTY RELATES	
N/A					
		an a			
		· · · · · · · · · · · · · · · · · · ·			
PART E LIABILITIES [Major debts]					
NAME OF CREDITOR		ADDRESS	OF CREI	DITOR	
BANK OF AMERICA	6100 WHIS	SKEY CREEK DRIVE, FORT M	IYERS, I	FL	
		·····		· · · · · · · · · · · · · · · · · · ·	
PART F — INTERESTS IN SPECIFIED BUSINESS	ES [Ownership or por	sitions in certain types of businesse	s]		
	SS 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	<u>, , , , , , , , , , , , , , , , , , , </u>				
IF ANY OF PARTS A THROUGH	FARE CONTINU	ED ON A SEPAKATE SHE			
: Jenn	TA				
Duri	-64	ચ્છાન્વપ્ રાષ્ટ્રકુર, ડાંગ્રાન્ટ 	R internetionalise	6/8/2009	
	FILING IF	NSTRUCTIONS:			
WHAT TO FILE: /	WHERE TO F			N TO FILE:	
After completing all parts of this form, including signing and dating it, send back only the first		ed the form by the Commission punty Supervisor of Elections for	initially, each local officer/employee, state officer, and specified state employee mus file within 30 days of the date of his or he appointment or of the beginning of employ- ment. Appointees who must be confirmed by the Senate must file prior to confirmation, ever		
sheet (pages 1 and 2) for filing.	your annual disclet that location.	losure filing, return the form to			
If you have nothing to report in a particular section, you must write "none" or "n/a" in that	Local officers/em	nployees file with the Supervisor			
section(s).	nently reside. (If y	you do not permanently reside	if that i	is less than 30 days from the date of their	
Facsimiles will not be accepted.		th the Supervisor of the county cy has its headquarters.)	• •	ntment. I dates for publicly-elected local office	
NOTE:	State officers of	or specified state employees	must file at the same time they file the		
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a		mission on Ethics, P.O. Drawer see, FL 32317-5709; physical	qualifying papers. Thereafter, local officers/employees, state		
calendar, a person who has med rount i for a calendar or fiscal year is not required to file a second form 1 for the second voir data to file a	address: 3600 M	dress: 3600 Maclay Boulevard, South, Suite officers, and specified st 1. Tallabassee, 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.

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.

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.

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FORM 1		STATEM	IENT OF	ז			2008
Please print or type your name, malli address, agency name, and position	ng below:	FINANCIAL	INTER	ESTS			
LAST NAME - FIRST NAME - MI SMITH RUSSELL RIL		:		FOR OFFIC			2
MAILING ADDRESS : 10481 BEN C PRATT PKV	NY						<u> </u>
	****	······································			ID Code		
CITY : FORT MYERS	ZIP : 3396				ID No.		
NAME OF AGENCY : PALERMO COMMUNITY	DEVELOF	MENT DISTRICT			Conf. Co	ode	
NAME OF OFFICE OR POSITION	HELD OR S	OUGHT :			P. Req.	Code	
You are not limited to the space on t			•	-			
		OTH PARTS OF THIS SECT					
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PART D — INTANGIBLE PERSO TYPE OF INTANG		cks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHIC	CH THE PRO	PERTY RELATES	
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PART E - LIABILITIES [Major of NAME OF CRED		1	ADDRESS C	OF CREDITO	र	
BANK OF AMERICA		6100 WHISK	EY CREEK DRIVE, FORT M	ERS, FL		
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		Aumorahin an a - ³⁴⁷	one is postein types of businesses	1		
PART F INTERESTS IN SPECI	•			1		
	BUSINESS EN	111Y#1	BUSINESS ENTITY #2		BUSINESS ENTITY # 3	
BUSINESS ENTITY ADDRESS OF	N/A					
BUSINESS ENTITY PRINCIPAL BUSINESS						
ACTIVITY		<u> </u>				
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST	\square					
IF ANY OF PARTS	A THROUGH F AI	RE CONTINUE	DON A SEPARATE SHE	ET, PLEAS		
· · · · · · · · · · · · · · · · · · ·		<u> </u>			, 1	
	Bush	- <u>A</u>			6/8/2007	
	V a	LING IN	STRUCTIONS:			
WHAT TO FILE:	1 7	WHERE TO FIL		WHEN T	O FILE:	
After completing all parts of this	form, including	f you were mailed	the form by the Commission	Initially, e	ach local officer/employee, state	
signing and dating it, send bac sheet (pages 1 and 2) for filing.	· · · · · · · · · · · · · · · · · · ·	our annual disclos	nty Supervisor of Elections for sure filing, return the form to	file within	I specified state employee must 30 days of the date of his or her	
If you have nothing to report	in a particular	hat location.		appointment or of the beginning of employ ment. Appointees who must be confirmed by		
section, you must write "none" section(s).	or "n/a" in that	of Elections of the	county in which the Supervisor	the Senate	must file prior to confirmation, even s than 30 days from the date of their	
ອອບແບກ(ອ).			bu do not permanently reside the Supervisor of the county	appointme		
Facsimiles will not be accepted	d. v	where your agency	has its headquarters.)		s for publicly-elected local office at the same time they file their	
NOTE: MULTIPLE FILING UNNE			specified state employees ission on Ethics, P.O. Drawer	qualifying	•	
Generally, a person who has file	ed Form 1 for a	15709, Tallahasse	e, FL 32317-5709; physical clay Boulevard, South, Suite		r, local officers/employees, state nd specified state employees are	
Calendar of BSCALVEAR IS DOT R						

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.

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.

required to file by July 1st following each

calendar year in which they hold their posi-

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.

tions.

CE FORM 1 - Eff. 1/2009

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