FORM 1X AMENDMENT TO FORM 1 STATEMENT OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 1): Smith, Sawyer Charles

MAILING ADDRESS: PO Drawer 8

CITY: Fort Myers ZIP: FL 33902 COUNTY: Lee

◆ THIS FORM 1X AMENDS THE FORM 1 (Statement of Financial Interests) I FILED FOR THE YEAR: 2006

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: _____

◆ WITH THIS GOVERNMENTAL AGENCY: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS (mandatory for filings prior to 2001; elective for filings beginning in 2001)

OR

✓ DOLLAR VALUE THRESHOLDS (elective for filings beginning in 2001)

AMENDED REPORT

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Wilbur Smith Law Firm	PO Drawer 8, Fort Myers FL 33902	Law Firm

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

12131 Coyle Rd., Fort Myers, FL 33905

2065 Main Street, Fort Myers FL 33901

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

(Continued on reverse side)

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR
Suntrust Bank	Main Street, Fort Myers FL 33901

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY	N/A	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART G — EXPLANATION OF CHANGES

On Form 1 the "manner of calculating reportable interests" was inadvertently left blank. And the business identified in Part F did not qualify as one of the "specified business", so this Information was removed.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE: **DATE SIGNED:** 5/8/07

FILING INSTRUCTIONS:

WHERE TO FILE:
Return the form to the location where you filed the Form 1 that you are seeking to amend.

Local officers should have filed with the Supervisor of Elections of the county in which they permanently resided. (If you did not permanently reside in Florida, then with the Supervisor of the county where your agency had its headquarters.)

State officers' or specified state employees' forms should be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates should have filed their Form 1 together with their qualifying papers.

QUESTIONS:
About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864 (Suncom 278-7864).

INSTRUCTIONS FOR COMPLETING FORM 1 X:

INTRODUCTORY INFORMATION (At Top of Form):

NAME, DISCLOSURE PERIOD, NAME OF POSITION, and NAME OF AGENCY: Use the same information as on the original Form 1 you are seeking to amend.

MAILING ADDRESS: Use your current mailing address.

MANNER OF CALCULATING REPORTABLE INTERESTS: Check the box that corresponds to the type of thresholds you used for the original Form 1 you are seeking to amend.

PARTS A through F:

Use these sections of the form to report the new information you believe should have been reported on your original Form 1, continuing on a separate sheet if necessary. Additional instructions are found on pages 3-5, attached.

PART G:

Use this section of the form to explain the changes you are making in your original Form 1.

LEE COUNTY
SOUTHWEST FLORIDA

BOARD OF COUNTY COMMISSIONERS

(239) 533-2236

Facsimile (239) 485-2106

Bob Janes
District One

A. Brian Bigelow
District Two

Ray Judah
District Three

Tammy Hall
District Four

Frank Mann
District Five

Donald D. Stilwell
County Manager

David M. Owen
County Attorney

Diana M. Parker
County Hearing Examiner

May 7, 2007

Sawyer Charles
~~Charles~~ Smith, Esq.
P. O. Drawer 8
Fort Myers, FL 33902

Re: Buckingham Community Planning Panel
Form 1 - Statement of Financial Interests
LU-06-12-2090.N.1.b)

Dear Mr. Smith:

A review of the Form 1 Statement of Financial Interests filed with the Supervisor of Elections reveals that it must be amended in order to be legally sufficient.

Specifically, the second section of the form requires the filer to specify the manner of calculating reportable interests. Unfortunately, it appears that this section was inadvertently left blank at the time of filing. Since this section of the form must be completed, it will be necessary to file an amended form with the Supervisor of Elections.

Since you must file an amended form anyway, I wish to point out that the business identified in Part F does not qualify as one of the "specified businesses" identified in the instructions for Part F of the form. This information should be removed when preparing the amended form.

I have enclosed a blank Form 1X for your convenience. Kindly complete the form, addressing the matters identified in the previous paragraph. Once the amended form has been filed with the Supervisor of Elections, kindly submit a copy of the filed form to my office. It will be necessary to have correctly completed forms on all members of the Planning Panel before the Community Planning Grant Agreement can be submitted to the Board of County Commissioners.

S:\LU\DMC\DMCCommunity Planning\Buckingham\Form 1 - Smith.wpd

Re: Buckingham Community Planning Panel
Form 1 - Statement of Financial Interest
LU-06-12-2090.N.1.b)

If I may be of assistance, do not hesitate to contact me.

Kind regards,

Donna Marie Collins
Assistant County Attorney

DMC/amp
Enclosures: Copy of Completed Form 1 (highlighted)
Blank Form 1X
Instructions for Form 1X

cc: James Mudd, Planning Division

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2006

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Smith, Sawyer, Charles

MAILING ADDRESS :
PO Drawer 8

CITY : Fort Myers
ZIP : 33902
COUNTY : Lee

NAME OF AGENCY :
Buckingham Community Planning Panel, Inc.

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Board Member

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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:_____

MANNER OF CALCULATING REPORTABLE INTERESTS:
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 INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Wilbur Smith Law Firm	PO Drawer 8, Fort Myers, FL 33902	Law Firm

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

12131 Coyle Rd., Fort Myers, FL 33905

2065 Main Street, Fort Myers, FL 33901

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

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.

 (Continued on reverse side)

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR
Suntrust Bank	Main Street, Fort Myers, FL 33901

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Wilbur Smith Law Firm, PLLC	Wilbur Smith Law Firm, LLC.	Edison Big Snook, Inc.
ADDRESS OF BUSINESS ENTITY	PO Drawer 8, Fort Myers, FL	PO Drawer 8, Fort Myers, FL	PO Drawer 1685, Fort Myers, FL
PRINCIPAL BUSINESS ACTIVITY	Lawyers	Development	Fishing Tournament
POSITION HELD WITH ENTITY	Partner	Owner	Owner
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	Yes
NATURE OF MY OWNERSHIP INTEREST	Director	Director	Director

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required): **DATE SIGNED (required):**

FILING INSTRUCTIONS:

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.

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 FINANCIAL INTERESTS 2006

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Smith, Sawyer, Charles

MAILING ADDRESS :
PO Drawer 8

amended see Form 1/

CITY : Fort Myers ZIP : 33902 COUNTY : Lee

NAME OF AGENCY :
Buckingham Community Planning Panel, Inc.

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Board Member

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

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PDF 2006

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POSITION HELD WITH ENTITY	Partner	Owner	Owner
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	Yes
NATURE OF MY OWNERSHIP INTEREST	Director	Director	Director

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required): **DATE SIGNED (required):**

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