FORM 1	STATEMENT	r of	2006			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT	TERESTS [
LAST NAME - FIRST NAME - MIDDLE NA Stachler, Mar	sha_	FOR OFFICE USE ONLY:				
14904 Bonaire	Grde		D Code			
	OOLINTY.	$\rightarrow 111$	75. 1. 1.			
1 1/1	33908 COUNTY: LEE	<u> </u>	D No. 27 121			
Verandan East (ommunity Dev. Dis	irici	O Code O7JUL 27PM1212 SOE Conf. Code ORG			
Supervisor	.		Req. Code			
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OR	F-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: 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 PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY						
Boxita Bay Proporties, I	18 Bonitasprings	Fr (and Developer			
PART B SECONDARY SOURCES OF IN NAME OF N BUSINESS ENTITY	COME [Major customers, clients, and other AME OF MAJOR SOURCES OF BUSINESS' INCOME	sources of income to busin ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
		A				
PART C REAL PROPERTY [Land, build	and the Alexander of the Control of					
	ngs owned by the reporting personj	and	LING INSTRUCTIONS for when d where to file this form are locat-			
Lot 6, San Mater S/D Tract #9, 2.5 acres	PB 29, P. 112, Lec C PC Z, 167, Clay C	o, FL ed IN thi				

PART D — INTANGIBLE PERSO TYPE OF INTANGI	PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				PERTY RELATES
		•••			
1					
PART E — LIABILITIES [Major of NAME OF CRED	debts] DITOR		ADDRESS	OF CREDITOR	}
PART F — INTERESTS IN SPECI	FIED BUSINESSES [Owne	ership or position	ns in certain types of businesse	es]	
	BUSINESS ENTITY	#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 C	CONTINUE	O ON A SEPARATE SHE	ET, PLEASE	CHECK HERE
SIGNATURE (required):	asha Sa	acht	DATE S	SIGNED (requir	ed): 7-26-07

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.

CE FORM 1 - Eff. 1/2007 PAGE 2

LEE COUNTY

CONSTITUTIONAL COMPLEX
FOR BOX 2545
FORT WHERS, FLORIDA 33902



SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545

FORM 1	STATEM	ENT OF		2006	:
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS			
LAST NAME - FIRST NAME - MIDDLE MA	iame:	FOR O			97
MAILING ADDRESS: 14904 Bonaire	Circle				305 2121 W42 TUF 20
			ID C	ode	M121
Fort Myers 3	ZIP: COUNTY: 3908 LE	E	IDN	o .	2 90E
	nmanity Dev. D	istrict	Conf	. Code	Lee Co F
NAME OF OFFICE OR POSITION HELD SUBBRYISO	OR SOUGHT:		P. Re	eq. Code	
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE O	on this form. Attach additional sheets	-		PDF 2006	
DISCLOSURE REPLOD	**BOTH PARTS OF THIS SECTI	ON MUST BE COMPLETED*			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN A FISCAL YEAR. PLEASE STATE BELOV DECEMBER 31, 2006	WHETHER THIS STATEMENT IS		EAR END	DING EITHER (check one):	ON
MANNER OF CALCULATING REPORTAE THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE) T	THE OPTION OF USING REPORT R USING COMPARATIVE THRESH TATE BELOW WHETHER THIS STA	IOLDS, WHICH ARE USUALI ATEMENT REFLECTS EITHEF	Y BASED R (check o	ON PERCENTAGE VALUES (
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	soul	ne reporting person] RCE'S RESS		SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY	
Bonita Bay Proportie	5, 10 9990 Cocom Sprita Spr	it Pd. FL	Lav	d Developmon	I
				·	
PART B SECONDARY SOURCES OF NAME OF	INCOME [Major customers, clients, NAME OF MAJOR SOURCES	and other sources of income to	business	es owned by the reporting persor	1]
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	<u>.</u>	ACTIVITY OF SOURCE	
			·		
PART C REAL PROPERTY [Land, buil	(to 15 00 O		and w	IG INSTRUCTIONS for w here to file this form are loc the bottom of page 2.	
Teact #9, 2.5 acres	5/0, 16 29, F. 167, Ch	y Co., NC	INST	RUCTIONS on who must f	
				ER FORMS you may need	to
			file ar	e 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			
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PART F — INTERESTS IN SPECI	IFIED BUSINESSES [Ov	vnership or positi	ons in certain types of businesses]	
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NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS	A THROUGH F ARE	CONTINUE	D ON A SEPARATE SHEET	, PLEASE CHECK HERE
SIGNATURE (required):	Maisha Si	tackle	DATE SIGN	NED (required): 7-26-07

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