## FORM 1 F

# FINAL STATEMENT OF **FINANCIAL INTERESTS**

2007

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)					
LAST NAME — FIRST NAME — MIDDLE NAME:  Stackler Marsha	Verandah East Community Dev. De				
14904 Boraire Circle	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):  LOCAL OFFICER STATE OFFICER  SPECIFIED STATE EMPLOYEE				
Fort Myers 33908 LEE	LIST OFFICE OR POSITION HELD: SUPERVISOR 3				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PEOFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OFFICE OF USING REPORTING.	NG THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for				
OF INCOME AD	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  LAND DEVELOPMENT				
PART B SECONDARY SOURCES OF INCOME [Major customers  NAME OF NAME OF MAJOR SOURCES  BUSINESS ENTITY OF BUSINESS' INCOME	, clients, and other sources of income to businesses owned by reporting person]  ADDRESS PRINCIPAL BUSINESS OF SOURCE ACTIVITY OF SOURCE				
PART C REAL PROPERTY [Land, buildings owned by the reporting Lot 6 Son Mateo SD PB 29. F. Tract #9, 2.5 ucres, PC 2, 167, Class	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 of this packet.  OTHER FORMS you may need to				
	OTTIER I OKING you may need to				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE . BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
1 100		<del></del>			
		····			
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR  ADDRESS OF CREDITOR			REDITOR		
PART F — INTERESTS IN SF	PECIFIED BUSINESS BUSINESS ENT		o or positions in certain types of busin  BUSINESS ENTITY # 2	nesses]   BUSINESS ENTITY # 3	
NAME OF	BOSINESS EIN	111: # 1	DOOMEGO ENTITIVE		
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 CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE! Massia	aslach	lu	DATE SIGNI	ED: 1-26-07	

### FILING INSTRUCTIONS:

#### WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

#### WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

#### WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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.

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

#### NOTE:

If you are leaving office or employment during the first half of 2007, you may not have filed Form 1 for 2006. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2006 by July 1 of 2007.

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# FORM 1 F

# FINAL STATEMENT OF **FINANCIAL INTERESTS**

2007

(TO BE FILED V	VITHIN 60 DAYS OF LEA	VING PUBLIC OFFIC	CE OR EMPLOYMENT)		
LAST NAME — FIRST NAME — MIC Stackler, M	ople NAME:	NAME OF REPORTING PE	EST Community Dev. De		
MAJLING ADDRESS: 14904 Bonair	re Grde	LOCAL OFFIC	LLOWING (see "Who Must File" on page 3):		
Fort Myers ZIP:	COUNTY:		ON HELD: Supervisor		
DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2007 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT, DESCRIBED ABOVE, WHICH DATE WAS					
PART A PRIMARY SOURCES NAME OF SOURCE OF INCOME  Bonita Bay Popert	I	DRESS,	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  Land Development		
PART B SECONDARY SOURCE NAME OF BUSINESS ENTITY	CES OF INCOME [Major customers, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	clients, and other sources of inc ADDRESS OF SOURCE	principal businesses owned by reporting person]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]  Lot 6. San Mateo SID, PB29, P.112, Lee G, FL  TRACT. #9, 2.5 acres, PC 2, 167, Clay G., NC  INSTRUCTIONS on who must file this form and how to fill it out begin					
	-		on page 3 of this packet.  OTHER FORMS you may need to file are described on page 6		