FORM 1	. <u>-</u> -	STATEM	ENT OF			2005
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERE	ESTS		,
LAST NAME FIRST NAME MIDD Stevenson, Bayne NMI	LE NAME			FOR OFF		6
MAILING ADDRESS :						/
P O Box 1812					ı ID C	ode P
Boca Grande 33921 LEE CITY: ZIP: COUNTY:					IDN	103185
NAME OF AGENCY: Boca Grande Community	Plann	ing Panel			Con	f. Code
NAME OF OFFICE OR POSITION HE Panel Member, Chair	LD OR S	SOUGHT:		! -	AR	eg. Code
CHECK ONLY IF (3) CANDIDATE	OR	■ NEW EMPLOYEE OR A	PPOINTEE			
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, 2005 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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 (PERCENTAC	E) THRE	SHOLDS	<u>OR</u>	D D	OLLAR	VALUE THRESHOLDS
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME	NCOME	SOUR	e reporting person] RCE'S RESS	1		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
BaySon Company		35 S. Main Street,	Hanover, NH	Rental Properties		
Ledyard National Bank		38 S. Main Street				11 120002 0100
Dividends		varied			.,,	
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES F BUSINESS' INCOME	and other sources of ADDRI OF SOL	ESS	ousiness	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A						
PART C REAL PROPERTY [Land, buildings owned by the reporting person] Railroad Depot & Railroad Plaza, Boca Grande, FL Ranch/Citrus, Arcadia, FL (1/2 interest) FILING INSTRUCTIONS for what is and where to file this form are located at the bottom of page 2.				here to file this form are locat-		
40 Acres, Snow St., Arc	-				INST	RUCTIONS on who must file
9.18 Acres, adjacent Hospital, Arcadia, FL (1/2 int)						orm and how to fill it out begin
20 Acres, N. side S.R. 70, Arcadia, FL (1/2 int.)						ER FORMS you may need to
Office Bldg, Arcadia, FL (1/2 int)						e described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A				
PART E — LIABILITIES [Major NAME OF CRE			ADDRESS OF C	CREDITOR
N/A				
PART F — INTERESTS IN SPEC	FIFIED BUSINESSES [Ow	nership or positi	ons in certain types of businesses]	
	BUSINESS ENTI	TY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Ledvard Nationa	al Bank		
ADDRESS OF BUSINESS ENTITY	38 S. Main St.	Hanover,	NH 03755	
PRINCIPAL BUSINESS ACTIVITY	 Banking/Asset N	Management		
POSITION HELD WITH ENTITY	Director			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes			
NATURE OF MY OWNERSHIP INTEREST	Shareholder			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required):	SIGNATURE (required): DATE SIGNED (required): June 16, 2006			

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.

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. 1/2006 PAGE 2

FORM 1X

AMENDMENT TO FORM 1 STATEMENT OF FINANCIAL INTERESTS

edyard National Bank 38 S. Main, Hanover, NH varied 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 BUSINESS'S INCOME N/A PART C - REAL PROPERTY [Land, buildings owned by the reporting person] ailroad Depot, Boca Grande, FL ailroad Plaza, Boca Grande, FL 9.18 Acres, adjacent Hospital, Arcadia, FL (1/2 int)	LAST NAME - FIRST NAME - MIDDLE N	JAME (same as on original Form 1):	◆ THIS FORM 1X AMENDS THE FORM 1 (Statement of Financial			
DOLAR VALUE THRESHOLDS (elective for filings beginning in 2001) PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] Mayon Company 35 S. Main, Hanover, NH Rental Properties all yaried NAME OF MAJOR SOURCES DAME OF SOURCE S. Main, Hanover, NH PART C - REAL PROPERTY (Land, buildings owned by the reporting person) All yara D - Intransible Pacs a Grande, FL all road Depot, Boca Grande, FL all road Plaza, Boca Grande, FL all road Depot, Boca Grande, FL all road Plaza, Boca Grande, FL all road St. Road Road Road Road Road Road Road Road		I	Interests) I FILED FOR THE YEAR: 2005			
POSITION OF: Panel Member, Chair Boca Grande FL 33921 LEE CITY: ZIP: COUNTY: Boca Grande FL 33921 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, SEGINNING IN 2001, THE LEGISLATURE ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES. SEGINNING IN 2001, THE LEGISLATURE ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES. SEGINNING IN 2001, THE LEGISLATURE ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES. SEGINNING IN 2001, THE LEGISLATURE (check one): **WITH THIS GOVERNMENTAL AGENCY: BOCA GRANDE Community Planning Panel PARTS HOLD THE SOLUTION OF USING THE SHOULDS THAT ARE ABSOLUTE DOLLAR VALUES THAT ARE ABSOLUTE STATE BELOW WHETHER THIS STATEMENT REFLECTS ETHER (check one): **WITH THIS GOVERNMENTAL AGENCY: BOCA GRANDE COMMUNITY Planning Panel Community Planning	MAILING ADDRESS:		DIPING THAT YEAR I HELD OR WAS A CANDIDATE FOR THE			
MANNER OF SOURCE OF INCOME PART A - PRIMARY SOURCES OF INCOME AUDICAR VALUE THRESHOLDS (elective for filings beginning in 2001) PART C - REAL PROPERTY [Land, buildings owned by the reporting PESS No. Mair. Manuel of Popular Sensitive Person No. Accadia, FL (1/2 int) PART C - REAL PROPERTY [Land, buildings owned by the reporting person] Boca Grande FL 33921 MITH THIS GOVERNMENTAL AGENCY: Boca Grande COMMUNITY Planning Panel Community Panel Community Planning Panel Community Planning Panel Community Panel Panel Panel Pan	P. O. Box 1812		1			
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		i				

		*06MAR20PH0422S	OE Lee Co Fl		
PART E — LIABILITIES [Major NAME OF CREI		ADDRESS OF CREDITOR			
N/A					
PART F — INTERESTS IN SPE	CIFIED BUSINESSES [Ownership or p BUSINESS ENTITY # 1	oositions in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	Ledyard National Bank		BUSINESS ENTITY # 3		
ADDRESS OF BUSINESS ENTITY	38, S. Main St., Hand		· · · · · · · · · · · · · · · · · · ·		
PRINCIPAL BUSINESS ACTIVITY	Banking/Asset Managem				
POSITION HELD MITH ENTITY	Director				
OWN MORE THAN A 5% NTEREST IN THE BUSINESS	Yes				
NATURE OF MY OWNERSHIP INTEREST	Shareholder				
PART G — EXPLANATION O	F CHANGES				
riginal form did n	ot show manner of calc	ulating reporting interes	ts.		
IF ANY OF PARTS	A THROUGH G ARE CONTINU	ED ON A SEPARATE SHEET, PLE	ASE CHECK HERE		
	C_{\perp}				
SIGNATURE: ()	ne Steven	DATE SIGNED:	MARCH 17, 200		

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.



SHARON L. HARRINGTON SUPERVISOR OF ELECTIONS LEE COUNTY - FLORIDA FACSIMILE COVER

NUMBER OF F	PAGES INCLUDING COVER SHEET: 5
DATE	03/20/06
ATTENTION	ann Palito /4023
COMPANY	Co. atty Re.
TELEPHONE#	335-2236
FACSIMILE #	335-2606
FROM	BERNIE FELICIANO
	QUALIFYING OFFICER
DIRECT#	239-533-6304
MAIN#	239-LEE VOTE OR 239-533-8683
FACSIMILE#	239-533-6310
EMAIL	bfeliciano@leeelections.com
COMMENT(S	
For	n 14 amended for: Bayne Stevenson
	A. C.
	Pagne Hevenson
	<u>'</u>





#R20PM0422 SDE Lee Co F1

35 South Main Street • Post Office Box 929 Hanover, New Hampshire 03755 TEL (603) 643-1992 • FAX (603) 643-9292

March 17, 2006

Donna-Marie Collins
Asst. Lee County Attorney General
Lee County Administration
P.O. Box 398
Ft. Meyers, FL 33902

Dear Donna-Marie,

Enclosed please find copy of my amended Form 1(X), "Statement of Financial Interest". I have also sent a copy to Bernie Feliciano, Office of the Supervisor of Elections.

Sorry to have missed the manner of calculation in my previous submission.

Sincerely,

Bayne Stevenson

BS/rb Enc.

Cc: Bernie Feliciano, Office of the Supervisor of Elections





The BaySon Company
Post Office Box 929
Hanover, NH 03755-0929

WHITE RIVER JUNCTION /

02 1P 02 1P 0002343 MAILED FF

0002343484 MAR 17 2006 MAILED FROM ZIP CODE 03755

Bernie Feliciano LEE COUNTY ELECTIONS OFFICE PO Box 2545 Ft. Meyers, FL 33902



BOARD OF COUNTY COMMISSIONERS

Writer's Direct Dial Number: (239) 335-2236

Facsimile (239) 335-2118

Bob Janes District One

Douglas R. St. Cerny District Two

March 10, 2006

Ray Judah District Three

Tammy Hall District Four

John E. Albion District Five

Donald D. Stilwell County Manager

David M. Owen County Attorney

Diana M. Parker County Hearing Examiner

Mr. Bayne Stevenson P. O. Box 1812

Boca Grande, Florida 33921

Re:

Boca Grande Community Planning Panel Form 1 - Statement of Financial Interests

LU-03-10-2090.A.9.

Dear Mr. Stevenson:

On February 22, 2006, a letter was sent to you explaining that the Form 1 Statement of Financial Interests filed with the Supervisor of Elections was not legally sufficient. A copy of this correspondence has been enclosed for ready reference. As of this date, there is no record that the form has been revised in accordance with this request.

Enclosed herein please find Form 1X (Amendment to Form 1 Statement of Financial Interests). Kindly complete the form and file it with the Supervisor of Elections at your earliest convenience. Please send a copy of the completed form to my attention at the Office of the County Attorney.

I would be pleased to assist in the correction of the form, please contact me at 239-335-2236.

Kind regards.

Donna Marie Collins

Assistant County Attorney

DMC/amp

Enclosures: 1) Letter dated February 22, 2006

2) Blank Form 1X

CC:

Jim Mudd, Planning Division

Bernie Feliciano, Office of the Supervisor of Elections

FORM 1	STATE	MENT OF	2005
Please print or type your name, mailing address, agency name, and position belongers.	FINANCIA	L INTERESTS	
MAILING ADDRESS :	LE NAME: AUNE	FOR OF	1.5
P.L. BEX 1812			I ID Code
Boen 33	921 LEE		, p 5332
BILLA GRANJE GI NAME OF AGENCY:	92/ LEE COUNTY:	4 Panel	1
PANEL MEMBLE	Q- CHAIR PERSIN		Conf. Code
NAME OF OFFICE OR POSITION HE	:LD OR SOUGHT :		P. Req. Code
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE	PDF 2005
A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS	LOW WHETHER THIS STATEMENT OR SPECIFICATION REPRESENTE OPTION OF USING REPORTS OF USING COMPARATIVE THRE	IS FOR THE PRECEDING TAX Y FY TAX YEAR IF OTHER THAN T DRTING THRESHOLDS THAT A ESHOLDS, WHICH ARE USUALL	HE CALENDAR YEAR: RE ABSOLUTE DOLLAR VALUES, WHICH Y BASED ON PERCENTAGE VALUES (See
instructions for further details). PLEAS COMPARATIVE (PERCENTAG			(check one): DOLLAR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF II NAME OF SOURCE OF INCOME	, so	o the reporting person) DURCE'S DORESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
BAYSON Ce.		V ST. HANWLE, N.I.	
LEDYARD Nat'l B		T. HANEVER, N.H.	
Dividends	Pariel		
PART B - SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients NAME OF MAJOR SOURCES OF BUSINESS' INCOME	a, and other sources of income to ADDRESS OF SOURCE	businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Kar forcidani.			
N/a			
PART C - REAL PROPERTY [Land, 1 5 LETS RESIDENCE, RAIL ROAD DEPOT, B	wildings owned by the reporting pers	ion] ANDE, FL.	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
OFFICE BLOG, ARCH			INSTRUCTIONS on who must file this form and how to fill it out begin
RANCH/CITRUS ARC 40 HERE. SHOW St.	ARCHOIN, FL.		OTHER FORMS you may need to
O A		2.	file are described on page 6

9.18 ACRES - Adjacent hospital Archding CE FORM 1 - ET. 1/2008 (Continued on reverse side) 26 ACRES N. SIGN S.R. 70 Archdin FL,

PAGE 1

PART D INTANGIBLE PERS	SONAL PROPERTY (Stocks, bonds, certificate	s of deposit, etc.] BUSINESS ENTITY TO WHICH THE	DROPERTY RELATES
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NAME OF CRE	BIOR	ADDRESS OF CRED	atur
H/G			
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PART F WHIERESIS IN SPEC	BUSINESS ENTITY#1	· ·	
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ADDRESS OF BUSINESS ENTITY	38.5. MAIN ST. HANGE	10 11 11. 12-755	
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POSITION HELD WITH ENTITY	DIRECTOR	17 CEINEN	
OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		
NATURE OF MY OWNERSHIP INTEREST	SHAREHOLDER		
IF ANY OF PARTS	A THROUGH F ARE CONTINUED C	ON A SEPARATE SHEET, PLE	ASE CHECK HERE
SIGNATURE (required):	Co.	DATE SIGNED (re	equired):
SIGNATURE (required).	e Hiver_		1,2006
J	FILING INST	RUCTIONS:	, <u> </u>

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 filling.

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 fiscel 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 Maciay 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.

Attention: 335-2606

Bernie Feliciano

From: "Bernie Feliciano" <bfeliciano@leeelections.com>
To: "Polito, Ann M." <POLITOAM@leegov.com>

Sent: Thursday, March 09, 2006 9:17 AM

Subject: Re: Bayne Stevenson-Boca Grande Community Planning Panel

I will fax you what I have on Bayne Stevenson. He has not filed an amended Form 1X or another Form 1.

Bernie Feliciano
Qualifying Officer
Lee County Elections Office
P O Box 2545
Fort Myers FL 33902-2545
bfeliciano@leeelections.com
239-533-6304 Direct
239-533-6310 Facsimile
Visit Our Website At:
www.leeelections.com



---- Original Message ----- From: Polito, Ann M.

To: bfeliciano@leeelections.com

Cc: Collins, Donna Marie

Sent: Wednesday, March 08, 2006 1:59 PM

Subject: Bayne Stevenson-Boca Grande Community Planning Panel

Bernie, would you please check your records to see if Bayne Stevenson filed an amended Form 1 sometime after February 22, 2006. It will most probably be on a new Form 1. If he has, please either fax (335-2606) or mail a copy to my attention.

I now have the Form 1X to use when amending the Form 1 submittal. However, Mr. Stevenson was sent a new Form 1 by our office. Many thanks for your help. Ann





attn: Birnie

BOARD OF COUNTY COMMISSIONERS

Writer's Direct Dial Number: (239) 335-2236

Facsimile (239) 335-2118

District One

Douglas R. St. Cerny District Two February 22, 2006

Ray Judah District Three

Bob Janes

Tammy Hall District Four

John E. Albion District Five

Donald D. Stilwell County Manager

David M. Owen County Attorney

Diana M. Parker County Hearing Examiner Mr. Bayne Stevenson P. O. Box 1812

Boca Grande, Florida 33921

Re: Boca Grande Community Planning Panel

Form 1 - Statement of Financial Interests

LU-03-10-2090.A.9.

Dear Mr. Stevenson:

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 requires the filer to specify the manner of calculating reportable interests. (See area highlighted in yellow.) 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 for you to file an amended form with the Supervisor of Elections.

I have enclosed a blank Form 1 for your convenience. Kindly complete the form, making sure to select the manner of calculating reportable interests. Once the amended form has been filed with the Supervisor of Elections, kindly submit a copy of the filed form to my office.

Since you must file an amended form anyway, I wish to point out that it is not necessary to report your Boca Grande residence in Part C under Real Property. The instructions state that residences and vacation homes do not have to be reported by the filer.

Thank you for your attention to this matter. Kindly provide our office with a copy of the amended Disclosure once it has been filed with the Supervisor of Elections.

Kind regards,

Donna Marie Collins

Assistant County Attorney

DMC/amp

Keith Spencer Richter February 22, 2006 Page 2

Re:

Lehigh Acres Community Plan

Form 1 Statement of Financial Interests

Enclosures: 1) Copy of completed Form 1 highlighted

2) Blank Form 1

3) Instructions for Form 1

CC:

Jim Mudd, Planning Division

Bernie Feliciano, Office of the Supervisor of Elections