FORM 1 STATEMENT OF				2006				
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS								
LAST NAME FIRST NAME MIDDLE Stewart Opg/ MAILING ADDRESS:	NAME : E	FOR OF USE OF		°07JUL1				
FF-Afgers	ZIP : . COUNTY :			ode 077 00de 0058 SDE				
Ft. Myers 3 NAME OF AGENCY :	ID N Conf	o. R R R Code C						
NAME OF OFFICE OR POSITION HELD Harlem Hery hts LNDC You are not limited to the space on the lines	P. Re	eq. Code						
CHECK ONLY IF CANDIDATE OR C NEW EMPLOYEE OR APPOINTEE								
**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: 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 (PERCENTAGE) THRESHOLDS OR OR DOLLAR VALUE THRESHOLDS								
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME Social Security	ne reporting person] RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY						
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of incom   NAME OF NAME OF MAJOR SOURCES ADDRESS   BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE			business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
	··							
PART C REAL PROPERTY [Land, bui	and w	G INSTRUCTIONS for when here to file this form are locat- he bottom of page 2.						
32-45-24-00-00006- 32-45-24-00-00003.		INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.						
		ER FORMS you may need to 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						
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
· ·						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
BUSINESS ENTI		TY # 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 CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						

SIGNATURE (required):

## 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:

jal Stewart

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.

FILING INSTRUCTIONS:

**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:

DATE SIGNED (required): 7 - 16 - 07

*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.

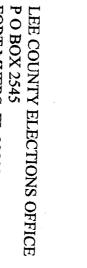
*Finally*, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

Opal E. Stewart 10780 Gladiolus Dr. Fort Myers, FL 33908

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