| FORM 1 | STATEM | 2005 | |
|--|---|---|--|
| Please print or type your name, mailing address, agency name, and position below | FINANCIAL | INTERESTS | Ŷ. |
| LAST NAME - FIRST NAME - MIDDLE 17)(LOCALCUTE 1) JULIU MAILING ADDRESS: 15() [W. K.C. K. ()) | Γ | FOR OF | FICE LY: |
| CITY: CITY: CITY: CITY: NAME OF AGENCY: CITY: NAME OF OFFICE OR POSITION HEL HEST HUIT SILVE | ZIP: COUNTY: 35909 LE | District | FICE LY: ID Code Conf. Code P. Reg. Code PDF 2005 |
| A FISCAL YEAR. PLEASE STATE BEL- DECEMBER 31, 2005 MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS | INANCIAL INTERESTS FOR THE PLOW WHETHER THIS STATEMENT IS OR SPECIFY SABLE INTERESTS: STHE OPTION OF USING REPORT OF USING COMPARATIVE THRES | S FOR THE PRECEDING TAX Y TAX YEAR IF OTHER THAN TO RTING THRESHOLDS THAT A SHOLDS, WHICH ARE USUALL | HE CALENDAR YEAR: RE ABSOLUTE DOLLAR VALUES, WHICH Y BASED ON PERCENTAGE VALUES (see |
| COMPARATIVE (PERCENTAGE | | | OOLLAR VALUE THRESHOLDS |
| PART A - PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME | SOL | RCE'S RESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
| DR Horton, Irv. | EALIGUES FL | 15 Dive, #9 33113 | Herri Bulling |
| PART B - SECONDARY SOURCES O | F 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 |
| | | | |
| | | | |
| PART C-REAL PROPERTY [Land, b | | on] | 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. |

| 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 E — LIABILITIES [Major debts] NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | |
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| LEO Cross Mon | | | | | |
| |) | | | | · |
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| PART F - INTERESTS IN SPECI | FIED BUSINESSES [O | wnership or position | ons in certain types of business | ses] | |
| | BUSINESS ENT | ITY#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): The Signed (required): SIDMICE | | | | | |
| THE THICK PARCETONIC | | | | | |

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:

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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.

CATALINA AT WINKLER PRESERVE COMMUNITY DEVELOPMENT DISTRICT

DISTRICT OFFICE • 3434 COLWELL AVENUE • SUITE 200 • TAMPA, FLORIDA 33614

September 6, 2006

Sharon Harrington Lee County Supervisor of Elections P.O. Box 2545 Ft. Myers, Florida 33902-2545

Dear Supervisor Harrington:

Enclosed is Form 1, Statement of Financial Interests, for Molly Ann Maggiano, who resides in Lee County, and who was recently appointed to the Board of Supervisors for Catalina at Winkler Preserve Community Development District (located in Lee County).

If you have any questions, please contact the District Office at 813-933-5571.

Thank you for your assistance to this matter.

tenBrundle

Sincerely,

Kristen Brunelle

Administrative Assistant

TOOR SPENSORE

3434 COLWELL AVENUE • SUITE 200

TAMPA, FLORIDA 33614

CATALINA AT WINKLER PRESERVE COMMUNITY DEVELOPMENT DISTRICT

Sharon Fiarrington
Lee County Supervisor of Elections
P.C. Box 2545 Ft. Myers, Florida 33902-2545



| FORM 1 | STATEMI | ENT OF | 2005 | | |
|---|--|--|---|--|--|
| Please print or type your name, mailing address, agency name, and position belo | w: FINANCIAL | INTERESTS | | | |
| LAST NAME - FIRST NAME - MIDDI | · - · · · · · · · · · · · · · · · · · · | FOR OFF | ICE | | |
| MAILING ADDRESS: | | USE ONL | Y: (#4) | | |
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| | | | ID Code | | |
| CITY: | ZIP: COUNTY; | | 5 | | |
| Cape Coral | 33969 be | k. | Y: SG | | |
| NAME OF AGENCY: | in Development | District | Conf. Code | | |
| NAME OF OFFICE OR POSITION HE | water Development | Dignet | Conf. Code P. Req. Code | | |
| Assistant Seur | Harry | | | | |
| CHECK ONLY IF CANDIDATE | OR NEW EMPLOYEE OR AP | POINTEE | | | |
| | | | PDF 2005 | | |
| A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPORE THE LEGISLATURE ALLOWS FILER | LOW WHETHER THIS STATEMENT IS 5 OR SPECIFY TO STABLE INTERESTS: IS THE OPTION OF USING REPORT | ECEDING TAX YEAR, WHETHE FOR THE PRECEDING TAX YE TAX YEAR IF OTHER THAN TH TING THRESHOLDS THAT AF | · · · | | |
| instructions for further details). PLEAS | E STATE BELOW WHETHER THIS STA | ATEMENT REFLECTS EITHER | (check one): | | |
| COMPARATIVE (PERCENTAGE | E) THRESHOLDS (| OR L D | OLLAR VALUE THRESHOLDS | | |
| PART A - PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME | NCOME [Major sources of income to the SOUR ADDR | RCE'S | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
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| PART B - SECONDARY SOURCES NAME OF BUSINESS ENTITY | DF INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME | and other sources of income to be ADDRESS OF SOURCE | pusinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | |
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| • | buildings owned by the reporting person $SPNO(140)$ |] | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. | | |
| Cape Correlate | 30909 | | INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. | | |
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| | BUSINESS ENTI | TY#1] | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
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| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | |
| SIGNATURE (required): | 4. Maig | Conce | DATE SIGNED | O (required): S 24/0Ce |
| EILING INCTIONS. | | | | |

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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.

BELLA VIDA COMMUNITY DEVELOPMENT DISTRICT

DISTRICT OFFICE • 3434 COLWELL AVENUE • SUITE 200 • TAMPA, FLORIDA 33614

September 6, 2006

Sharon Harrington Lee County Supervisor of Elections P.O. Box 2545 Ft. Myers, Florida 33902-2545

Dear Supervisor Harrington:

Enclosed is Form 1, Statement of Financial Interests, for Molly Ann Maggiano, who resides in Lee County, and who was recently appointed to the Board of Supervisors for Bella Vida Community Development District (located in the City of Cape Coral).

If you have any questions, please contact the District Office at 813-933-5571.

Thank you for your assistance to this matter.

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Sincerely,

Kristen Brunelle

Administrative Assistant

BELLA VIDA COMMUNITY DEVELOPMENT DISTRICT 3434 COLWELL AVENUE • SUITE 200 TAMPA, FLORIDA 33614



Sharon Harrington Lee County Supervisor of Elections P.O. Box 2545 Ft. Myers, Florida 33902-2545

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