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# BONITA VILLAGE



FAX TRANSMISSION FORM
DATE SENT 6/28/07 TOTAL PAGES 3
TO: BOARD OF ELECTIONS
COMPANY: LEE COUNTY
FAX NUMBER: (239) 339-6310
FROM: Boys DEWAYNE TALLEY
SUBJECT: STATEMENT OF FINANCIAL INTERESTS
COMMENTS: TMAILED THIS FORM MAY 31, 2007  BY REGULAR MAIL. APPARANTLY IT HAS BEEN LOST. T  WAS TOLD I COULD FAX A COPY TO YOU. IF YOU NEED  1T REMAILED PLEASE CALL ME AT MY OFFICE.  3998 Bonita Beach Road  Bonita Springs, Florida 34134
(239) 390-8860 * Fax (239) 390-8890 * Toll Free (877) 390-8860  B. D. Wayn July

FORM 1	STATEM	ENT OF		2006		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		97.		
LAST NAME FIRST NAME MIDDLE TALLEY BOYS	DE WAYNE	FOR OF USE ON		- LO34		
MAILING ADDRESS: 2784/ HICKOR	D		N	07JILL 029M1104		
01011111000	9		ID C	ode $\Sigma$		
BONITA Spring	zip: county: 55 34134 LE	E	IDN	io.		
NAME OF AGENCY: BONITA VILLA	GE CDD		Conf	f. Code		
NAME OF OFFICE OR POSITION HELD ASSISTANT S	ECRETARY		P. Re	eq. Code		
You are not limited to the space on the lines						
CHECK ONLY IF  CANDIDATE (	OR NEW EMPLOYEE OF AF	PPOINTEE	منطبي وحنبس			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2006	W WHETHER THIS STATEMENT IS	ECEDING TAX YEAR, WHETH	EAR END	DING EITHER (check one):		
MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE)	THE OPTION OF USING REPORT OR USING COMPARATIVE THRESH STATE BELOW WHETHER THIS STA	HOLDS, WHICH ARE USUALLY ATEMENT REFLECTS EITHER	Y BASED (check o	ON PERCENTAGE VALUES (see		
PART A PRIMARY SOURCES OF INC NAME OF SOURCE		ne reporting person]	DES	SCRIPTION OF THE SOURCE'S		
OF INCOME		RESS	PRINCIPAL BUSINESS ACTIVITY			
PREMIER YROP. OF SWF.	NAPLES, F	SHORE BLUD.N. L 34103	KER	AL ESTATE SALES		
			<del></del>			
PART B SECONDARY SOURCES OF	INCOME [Major customers, clients,	and other sources of income to	business	es owned by the reporting person]		
NAME OF NAME OF MAJOR SOURCES		ADDRESS OF SOURCE	RESS   PRINCIPAL BUSINESS			
N/A						
PART C REAL PROPERTY [Land, but	ildings owned by the reporting persor	1]	and wi	IG INSTRUCTIONS for when here to file this form are location bottom of page 2.		
<i>N</i> ///			INST	RUCTIONS on who must file		
·			on pag	•		
				ER FORMS you may need to		

belt

RT D — INTANGIBLE PERSON		nds, certificates B	of deposit, etc.) USINESS ENTITY TO WHIC	CH THE PROPERTY F	RELATES
N/A					
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				•	
				·	
PART E LIABILITIES [Major de NAME OF CREDI			ADDRESS C	F CREDITOR	
NA					
PART F - INTERESTS IN SPECIF	TED BUSINESSES [Owners	hip or positions in	certain types of businesses		
ı	BUSINESS ENTITY #	1	BUSINESS ENTITY # 2	j Bus	SINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NIA				·
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 CO	NTINUED O	N A SEPARATE SHEE	T, PLEASE CHE	CK HERE
SIGNATURE (required):	2. Talley	BA:	Tally DATE SH	GNED (required):	/31/07

# FILING INSTRUCTIONS:

## 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:

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.

Redt