FORM 1		STATEM	ENT OF		2006)	
Please print or type your name, mailin address, agency name, and position to		FINANCIAL	INTEREST	S			
LAST NAME FIRST NAME MII Tyler Vanessa Lazoritz	DDLE NAME	:		OFFICE ONLY:	1.	o	
MAILING ADDRESS : 15259 Cricket Lane				ID Code	C	075EP059M1123	
CITY:	ZIP :	COUNTY:				É	
Fort Myers	3	3919 LEE		ID No.		399	
NAME OF AGENCY: Waterford Landing Communit	ty Develop	ment District		Conf. Co	ode	# #	
NAME OF OFFICE OR POSITION Supervisor	HELD OR S	OUGHT :		P. Req.	Code	_ Š	
You are not limited to the space on the CHECK ONLY IF CANDIDAT		s form. Attach additional sheets			PDF 2006		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU A FISCAL YEAR. PLEASE STATE IS DECEMBER 31, 2 MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FIL REQUIRES FEWER CALCULATION instructions for further details). PLE COMPARATIVE (PERCENTA	JR FINANCI BELOW WH 0006 9 ORTABLE II ERS THE (NS, OR US ASE STATE	ETHER THIS STATEMENT IS OR SPECIFY NTERESTS: DPTION OF USING REPORING COMPARATIVE THRESH BELOW WHETHER THIS STA	ECEDING TAX YEAR, WHE FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN TING THRESHOLDS THAT HOLDS, WHICH ARE USUA	THER BASED (YEAR ENDING THE CALEND, ARE ABSOLULLY BASED O ER (check one)	GEITHER (check one): AR YEAR: TE DOLLAR VALUES, WIN PERCENTAGE VALUES	— HICH	
PART A PRIMARY SOURCES ON NAME OF SOURCE	F INCOME	sou	RCE'S		RIPTION OF THE SOURCE		
OF INCOME Transeastern Homes, LLC		9400 Gladiolus Drive F	RESS ort Mvers. FL 33908		PRINCIPAL BUSINESS ACTIVITY Developer/Builder		
Transoasian riemos, 220				·			
							
NAME OF NAM		ME (Major customers, clients, and other sources of inco E OF MAJOR SOURCES ADDRESS BUSINESS' INCOME OF SOURC		to businesses	owned by the reporting pers PRINCIPAL BUSINES ACTIVITY OF SOURC	S	
n/a					Part of the Angles of the same		
PART C REAL PROPERTY [La 15259 Cricket Lane Fort Mye			n]	and wher	INSTRUCTIONS for the to file this form are to bottom of page 2.		
10200 Official Larie 1 Off Mye		, to fight		INSTRU this form on page	ICTIONS on who mus and how to fill it out be 3.	egin	
					FORMS you may nee escribed on page 6.	d to	

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PART D — INTANGIBLE PERSONAL PROPERTY [Stoce TYPE OF INTANGIBLE		cks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
401K		Transeasterr	n Homes					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR						
HOMEBANC Mortgage Co		27300 Riverview Center Blvd Suite 200 Bonita Springs, FL 34134						
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [O	wnership or position	ons in certain types of busines	ses]				
	BUSINESS ENT	TITY # 1	BUSINESS ENTITY	# 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	n/a							
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):	Celesso	D	DATE	SIGNED (require				
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.

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.

Fort Myers, FL 33906-6179 12600 Gateway Blvd PO Box 60179

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