FORM 1	STATEM	IENT OF	2007				
Please print or type your name, mailing address, agency name, and position bel	FINANCIAL	INTERESTS					
LAST NAME FIRST NAME MIDD Varner Brender MAILING ADDRESS: 1743 NW 24th	Susan	FOR OFFIC USE ONLY:					
CITY: Cape Coval NAME OF AGENCY: Dub cuck Ranch Cumr NAME OF OFFICE OR POSITION HE	ZIP: COUNTY: 33993 Lex nunity Independent	Special Distant	ID No. NOK Conf. Code				
Superviser	LD OR SOUGHT :		P. Req. Code				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR A		PDF 2007				
"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): Image:							
NAME OF SOURCE OF INCOME	ADC	he reporting person] IRCE'S DRESS Soute 1 3339:3	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Homebuilding				
BUSINESS ENTITY OF BUSINESS' INCOME OF SC		ADDRESS OF SOURCE	RESS PRINCIPAL BUSINESS URCE ACTIVITY OF SOURCE				
PART CREAL PROPERTY [Land, buildings owned by the reporting person] Condemn + M 15015 Michelangelo Blvd #7201 Delvay Beach, Fl. 33446			FILING INSTRUCTIONS for when and where to file this form are locat- ed 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.				
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
IRA		Whenchevia						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR						
Country wide Financial		4500 Park Granada, Palabasas, (A9135)						
		·						
				<u></u>				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
	USINESS ENTITY #		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): Bredavor DATE SIGNED (required): 9/15/05								
FILING INSTRUCTIONS:								
After completing all parts of this form, including lif signing and dating it, send back only the first on sheet (pages 1 and 2) for filing. yo the		WHERE TO FILE: f 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 hat location.		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 employ- ment. Appointees who must be confirmed by				
section, you must write "none" or "n/a" in that of section(s).		ocal officers/employees file with the Supervisor Elections of the county in which they perma- ently reside. (If you do not permanently reside Florida, file with the Supervisor of the county here your agency has its headquarters.)		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				
MULTIPLE FILING UNNECESSARY: file 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 30		tate officers or specified state employees e with the Commission on Ethics, P.O. Drawer 5709, Tallahassee, FL 32317-5709; physical ddress: 3600 Maclay Boulevard, South, Suite D1, Tallahassee, FL 32312.		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 posi-				
of another public position must at least file		andidates file this form together with their alifying papers.		tions.				

To determine what category your position falls under, see the "Who Must File" Instructions

on page 3.

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.

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of his or her original Form 1 when qualifying.