FORM 1 F		FINAL STA	TEMENT OF		2006		
FINANCIAL INTERESTS							
(TO BE FIL	ED WITHI	N 60 DAYS OF LEAV	ING PUBLIC OFFIC	E OR EMPL	OYMENT)		
LAST NAME - FIRST NAME VAUREK PA	E-MIDDLE NAI TRICIA		NAME OF REPORTING PE		<u>AD</u>		
MAILING ADDRESS: 20471 RIVER	s FORD		CHECK ONE OF THE FOL		Must File" on page 3):		
Month LIVEL	<u>) [U-D</u>			ER 🔲 STATE ATE EMPLOYEE	OFFICER		
	ZIP:	COUNTY:	LIST OFFICE OR POSITIO		ETARY		
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THIS STATEMENT REFLECT OFFICE OR EMPLOYMENT MANNER OF CALCULAT THE LEGISLATURE ALLOWS FEWER CALCULATIONS, O further details). PLEASE ST	DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2016 AND THE LAST DATE I HEID THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS MARC CF 31 2006 (Date must be plor to 12/31/06) MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLDVE OLLAR VALUES, WHICH NEQUIRES 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 DOLLAR VALUE THRESHOLDS I						
PARTA PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] DESCRIPTION OF THE SOURCE'S DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY NAME OF SOURCE OF INCOME ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY BONITA SPRINGS AREA 25071 CHAMBER OF COMM. DE CHAMBER OF DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY BONITA SPRINGS AREA 25071 CHAMBER OF COMM. DE CHAMBER OF COMMERCE CHAMBER OF COMMERCE BONITA SPRINGS 34135 COMMERCE					SINESS ACTIVITY		
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PART C - REAL PROPE	RTY (Land, buil	dings owned by the reporting p	erson]		RUCTIONS for when le this form are locat- m of page 2.		
	\sim			this form and l on page 3 of th			
				OTHER FOR file are describ	MS you may need to ed on page 6.		

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PART D — INTANGIBLE PER TYPE OF INTANG		TY [Stocks, bonds		ICH THE PROPERTY RELATES	
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PART E — LIABILITIES [Majo NAME OF CREDI			ADDRESS	OF CREDITOR	
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PART F — INTERESTS IN SP			in ar naaittõne in aartain kunce ef	h wigeneen]	
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POSITION HELD WITH ENTITY	/	<u></u>		······	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		<u></u>			<u></u>
NATURE OF MY OWNERSHIP INTEREST		**		·····	
IF ANY OF PARTS A	THROUGH F A	RE CONTINUE	ED ON A SEPARATE SHE	ET, PLEASE CHECK HER	
SIGNATURE:	MAL		DATE Ş	igned:	
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	F	ILING IN	STRUCTIONS:		
WHAT TO FILE:	1	WHERE TO FIL	· E·	If you are leaving office of	romploymont
After completing all parts of	this form on	Local officers	: file with the Supervisor of	If you are leaving office or employment during the first half of 2006, you may not	
pages 1 and 2, including signing it, send back only the first sheet		lections of the county in which you perma- ently reside. (If you do not permanently reside		have filed Form 1 for 2005. this is not the last form you	will file, even
need not return any of the instru Facsimiles will not be accepted.		n Florida, file with the Supervisor of the county where your agency has its headquarters.)		though the Form 1F covers the of your term of office or employed	
		State officers	or specified state employ-	will be required to file Form 1 for 2005 by July 1 of 2006.	
WHEN TO FILE: At the end of office or employ			Commission on Ethics, P.O. allahassee, FL 32317-5709;		
local officer, state officer, and spe employee is regulared to file a final	cified state	physical address: 3 Sutie 201, Tallahas	600 Maclay Boulevard, South, see, FL 32312.		

focal onicer, state onicer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless you take another posi-tion within the 60-day period that requires you to file financial disclosure on Form 1 or Form To determine what category your position falls under, see the "Who Must File" Instructions on page 3. NOTE:

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FORM 1 F	\sim		FEMENT OF INTERESTS		2006
(TO BE FILED V			ING PUBLIC OFFIC	E OR	EMPLOYMENT)
LAST NAME - FIRST NAME - MI VAUREK PATM MAILING ADDRESS:	DDLE NAME RICIA	ANJ	NAME OF REPORTING PER MARKLANDS D DEVELOPMEN	RSON'S A LEE TT	GENCY
CITY: ZIP:			LOCAL OFFICER SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD.		
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(on pai OTHI	orm and how to fill it out begin ge 3 of this packet. ER FORMS you may need to e described on page 6.

PART D — INTANGIBLE PERSONAL PRO	PERTY [Stocks, bond		ICH THE PROPERTY RELATES
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PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS	OF CREDITOR
		an .	
PART F INTERESTS IN SPECIFIED BU	SINESSES (Owner	ship or positions in certain types of	businesses]
	ESS ENTITY # 1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS			
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	I F ARE CONTINU	JED ON A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE:	n Uler		SIGNED: 6125107
	FILING II	NSTRUCTIONS:	
WHAT TO FILE: After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only the first sheet for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.	Elections of the nently reside. (If in Florida, file wr	ILE: rs: file with the Supervisor of county in which you perma- you do not permanently reside th the Supervisor of the county cy has its headquarters.)	If you are leaving office or employment during the first half of 2006, you may not have filed Form 1 for 2005. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless you take another position within the 60-day period that requires you to file financial disclosure on Form 1 or Form 6.

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, Sutie 201, Tallahassee, FL 32312.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

will be required to file Form 1 for 2005 by July 1 of 2006.

FORM 1 F			TEMENT OF INTERESTS		2006	
(TO BE FILED	WITHIN	60 DAYS OF LEAV	ING PUBLIC OFFIC	E OR	EMPLOYMENT)	
LAST NAME - FIRST NAME - M	14	ANN	NAME OF REPORTING PE PARKLANDS W DEVELLYME	RSON'S A JEST	GENCY: COMMUNITY DISTRICT	
MAILING ADDRESS: 20741 RIVERS	FOR	0			(see "Who Must File" on page 3):	
CITY: ZIP ESTERES Z	COUNTY:	LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD; SECRETARY				
OFFICE OR EMPLOYMENT DESC MANNER OF CALCULATING THE LEGISLATURE ALLOWS FILE	RIBED ABO REPORTAI RS THE OP NG COMPA ELOW WHE	VE, WHICH DATE WAS BLE INTERESTS: TION OF USING REPORTING RATIVE THRESHOLDS, WH THER THIS STATEMENT RE	THRESHOLDS THAT ARE ABS ICH ARE USUALLY BASED ON FLECTS EITHER (check one):	SOLUTE D	HE LAST DATE I HELD THE PUBLIC (Date must be prior to 12/31/06) OULAR VALUES WHICH REQUIRES NTAGE VALUES (see instructions for JE THRESHOLDS	
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OF COMMERCE - 1	00 70	BONETA SPR	UNG 3 34135		LOMMERLE	
	an a					
PART B SECONDARY SOU NAME OF BUSINESS ENTITY	I NAN	NCOME [Major customers, o E OF MAJOR SOURCES F BUSINESS' INCOME	clients, and other sources of inc ADDRESS OF SOURCE	ome ta bu	sinesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
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PART C REAL PROPERTY	(Land, build	ings owned by the reporting p	erson]	and w	IG INSTRUCTIONS for when here to file this form are locat- the bottom of page 2.	
				this fo	RUCTIONS on who must file form and how to fill it out begin ge 3 of this packet.	
					ER FORMS you may need to edscribed on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLEBUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
	······		**************************************		
PART E — LIABILITIES [Maj NAME OF CRED			ADDRESS OF	CREDITOR	
PART F — INTERESTS IN S	PECIFIED BUSINESSE		or positions in certain types of busi BUSINESS ENTITY # 2	nesses]	
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY			, and a second secon		
PRINCIPAL BUSINESS			<u> </u>		
POSITION HELD WITH ENTITY	and a survey of the second				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
	A THROUGH F ARE (CONTINUE	ON A SEPARATE SHEET,	PLEASE CHECK HERE	
SIGNATURE:	u Mane	k	DATE SIGN	ED: 5/07	
FILING INSTRUCTIONS:					
	FILI		TRUCTIONS.		

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only the first sheet for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

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WHERE TO FILE:

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FORM 1 F	_		TEMENT O	-	2006	
(TO BE FILED V			ING PUBLIC OFF	-	EMPLOYMENT)	
LAST NAME - FIRST NAME - MIDDLE NAME: AURER PATRICIA ANN MAILING ADDRESS: 20741 KIVERS FORD			NAME OF REPORTING PERSON'S AGENCY:			
CITY: ZIP: 25TERO 33 DISCLOSURE PERIOD:	393-8 ***вотн	COUNTY: LEE PARTS OF THIS SEC	LIST OFFICE OR POSIT	>	SECRETARY	
THIS STATEMENT REFLECTS MY OFFICE OR EMPLOYMENT DESCI MANNER OF CALCULATING F THE LEGISLATURE ALLOWS FILE	RIBED ABOVE, REPORTABLE RS THE OPTION NG COMPARAT CLOW WHETHE	WHICH DATE WAS INTERESTS: OF USING REPORTING IVE THRESHOLDS, WH R THIS STATEMENT RE	THRESHOLDS THAT ARE A ICH ARE USUALLY BASED FLECTS EITHER (check one	BS LUTE D ON PERCE	THE AST DATE I NELD THE PUBLIC 06. (Date must be prior to 12/31/06) 04 04 04 04 04 04 04 04 04 04 04 04 04	
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PART C – REAL PROPERTY	Land, buildings	owned by the reporting p	erson]	and wed at	IG INSTRUCTIONS for when where to file this form are locat- the bottom of page 2. RUCTIONS on who must file form and how to fill it out begin re 2 of this packet	
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PART D — INTANGIBLE PERS TYPE OF INTANGI		[Stocks, bonds, cer	tificates of deposit, etc.] BUSINESS ENTITY TO W			
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PART E — LIABILITIES [Major NAME OF CREDIT		1	ADDRES	S OF CREDITOR		
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PART F - INTERESTS IN SPE	ECIFIED BUSINESS	SES (Ownership or	positions in certain types of	of businesses]		
	BUSINESS ENT		BUSINESS ENTITY	#2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS	•	$ \rightarrow $				
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FILING INSTRUCTIONS:						
WHAT TO FILE: After completing all parts of t			with the Supervisor of		e leaving office or employment ïrst half of 2006, уоц may not	
After completing an parts of t			win which you norma-		form 1 for 2005, you may not	

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