FORM 1	STATEMENT OF		20 Ub (
Please print or type your name, mailing address, agency name, and position below			OMMISSION ON ETHIC	
LAST NAME FIRST NAME MIDDLE VOSNON WILLIAM	Samuel	FOR OFFICE USE ONLY:	DATE RECEIVED	
MAILING ADDRESS:	TAVAVA.		EEB O 2 2007	
7879 GO CANGE	> WAND COLUMN			
The multipa RA 3	2011 1.15	יטו	Code	
FORT MYERS FIRE	ZIP: COUNTY:			
_	Community Day Dolomont District	IDI	No. 208801	
NAME OF AGENCY:			nf. Code	
NAME OF OFFICE OR POSITION HELD	P. F	Req. Code		
ASST. SERFETAR	A 200 Auri 120 DE			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE		PDF 2005	
	**POTU PARTO OF THE SECTION MILET DE COL	LADI ETEDA:		
	**BOTH PARTS OF THIS SECTION MUST BE CON INANCIAL INTERESTS FOR THE PRECEDING TAX YEA DW WHETHER THIS STATEMENT IS FOR THE PRECED	AR, WHETHER BA		
DECEMBER 31, 2005	OR SPECIFY TAX YEAR IF OTHE			
MANNER OF CALCULATING REPORTA	ABLE INTERESTS:			
THE LEGISLATURE ALLOWS FILERS	THE OPTION OF USING REPORTING THRESHOLD OR USING COMPARATIVE THRESHOLDS, WHICH AF			
instructions for further details). PLEASE	STATE BELOW WHETHER THIS STATEMENT REFLEC	TS EITHER (check	cone):	
COMPARATIVE (PERCENTAGE)) THRESHOLDS <u>OR</u>	DOLLAR	R VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	COME [Major sources of income to the reporting person] SOURCE'S ADDRESS	DE	ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
MORGAN STANLEY	7811 UNIVERSTAYPOUTE DR	-	MIXED PORTIFOLIS	
San	SIMPLY USON TAMIAMITANAN SU VICES NAPLES FILE SAIDS			
PART B SECONDARY SOURCES OF NAME OF	F INCOME [Major customers, clients, and other sources or NAME OF MAJOR SOURCES ADDR		sses owned by the reporting person] PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME OF SO		ACTIVITY OF SOURCE	
NA				
PART C REAL PROPERTY [Land, bu	uildings owned by the reporting person	FILI	NG INSTRUCTIONS for when	
Home - 7879 GO C	- 35166	t the bottom of page 2.		
		TRUCTIONS on who must file form and how to fill it out begin		
			age 3.	
		ОТН	IER FORMS you may need to	
			re 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					
NA - SEE PA	A FOR				
,					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
MONE					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	AN		<u> </u>		
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):			DATE SIGNED (required):		
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.

Norman M. Ostrau
Chair
Albert P. Massey, III
Vice Chair
Michael W. Brown
Cheryl Forchilli
Latour "LT" Lafferty
Charles Lydecker
Christopher T. McRae
Thomas P. Scarritt, Jr.



State of Florida COMMISSION ON ETHICS P.O. Drawer 15709 Tallahassee, FL 32317-5709

3600 Maclay Blvd., South, Suite 201 Tallahassee, FL 32312 Philip Claypool

Executive Director

Virlindia Doss

Deputy Executive

Director

(850) 488-7864 Phone 278-7864 Suncom (850) 488-3077 (FAX) www.ethics.state.fl.us

February 6, 2007

The Honorable Sharon Harrington Supervisor of Elections P O Box 2545 Fort Myers, FL 33902-2545

Dear Ms. Harrington:

Enclosed is the 2005 Form 1, Statement of Financial Interests, filed with this office by the following:

William Stanley Vosney 208801

If you have any questions, please do not hesitate to call.

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Sincerely,

Connie A Evans
Executive Secretary

Enclosure