

FORM 1X

**AMENDMENT TO FORM 1
STATEMENT OF FINANCIAL INTERESTS**

07/11/03 PM 2:07:50 E

<p>LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 1): <i>Washington, Benny Lee</i></p> <p>MAILING ADDRESS: <i>23080 Solomon Dr</i></p> <p><i>Alva</i> <i>Fl</i> <i>33920 Lee</i></p> <p>CITY: ZIP: COUNTY:</p>	<p>THIS FORM 1X AMENDS THE FORM 1 (Statement of Financial Interests) I FILED FOR THE YEAR: <i>2006</i></p> <p>◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: <i>Secretary</i></p> <p>◆ WITH THIS GOVERNMENTAL AGENCY: <i>Charleston Park Neighborhood Assoc</i></p>
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MANNER OF CALCULATING REPORTABLE INTERESTS:

PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS (mandatory for filings prior to 2001; elective for filings beginning in 2001)

OR

DOLLAR VALUE THRESHOLDS (elective for filings beginning in 2001)

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>Employed</i>		

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<i>NA</i>	<i>NA</i>		

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

<i>2521 Charleston Dr Dr, Alva Fl 33920</i>
<i>23240 Ave B, Alva Fl 33920</i>
<i>my children live in Homes.</i>

PART D -- INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<i>NA</i>	

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

NA

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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY	<i>NA</i>	<i>NA</i>	<i>NA</i>
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART G — EXPLANATION OF CHANGES

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE:

Denny J. Winstanley

DATE SIGNED:

6-28-07

FILING INSTRUCTIONS:

WHERE TO FILE:

Return the form to the location where you filed the Form 1 that you are seeking to amend.

Local officers should have filed with the Supervisor of Elections of the county in which they permanently resided. (If you did not permanently reside in Florida, then with the Supervisor

of the county where your agency had its headquarters.)

State officers' or specified state employees' forms should be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates should have filed their Form 1

together with their qualifying papers.

QUESTIONS:

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864 (Suncom 278-7864).

INSTRUCTIONS FOR COMPLETING FORM 1 X:

INTRODUCTORY INFORMATION (At Top of Form):

NAME, DISCLOSURE PERIOD, NAME OF POSITION, and NAME OF AGENCY: Use the same information as on the original Form 1 you are seeking to amend.

MAILING ADDRESS: Use your current mailing address.

MANNER OF CALCULATING REPORTABLE INTERESTS: Check the box that corresponds to the type of thresholds you used for the original Form 1 you are seeking to amend.

PARTS A through F:

Use these sections of the form to report the new information you believe should have been reported on your original Form 1, continuing on a separate sheet if necessary. Additional instructions are found on pages 3-5, attached.

PART G:

Use this section of the form to explain the changes you are making in your original Form 1.

Benny L. Washington
23080 Solomon Dr
Alva FL 33920

FORT MYERS FL 33902

02 JUL 2007 PM 3



USA 41

Supervisor of Elections

P.O. Box 398

Ft Myers, FL 33902

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