

# FINAL STATEMENT OF FINANCIAL INTERESTS

2007

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:

Webb Jean Marie

NAME OF REPORTING PERSON'S AGENCY:

Moody River Estab CDD

MAILING ADDRESS:

1772 Inlet Dr

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

- ☒ LOCAL OFFICER    ☐ STATE OFFICER  
☐ SPECIFIED STATE EMPLOYEE

North Fort Myers 33903 Lee  
 CITY: ZIP: COUNTY:

LIST OFFICE OR POSITION HELD: Chairman

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2007 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 8/26/07, 2007. (Date must be prior to 12/31/07)

## MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT USE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES 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

## 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
Johnson Engineering	2158 Johnson St	Eng Consultant
Mentaje Homes	Westlinks Dr #3 Fort Myers FL	Residential Developer

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
none			

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

none

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3 of this packet.

**OTHER FORMS** you may need to file are 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

Stock

Interail Corp of Canada

Mutual Fund

Raymond James

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Wells Fargo

P O Box 14547 Des Moines IA 50306

**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 ENTITYADDRESS OF  
BUSINESS ENTITYPRINCIPAL BUSINESS  
ACTIVITYPOSITION HELD  
WITH ENTITYI OWN MORE THAN A 5%  
INTEREST IN THE BUSINESSNATURE OF MY  
OWNERSHIP INTEREST

N/A

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

SIGNATURE:

Juan Welf

DATE SIGNED:

8/16/07

**FILING INSTRUCTIONS:****WHAT TO FILE:**

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

**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 he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

**WHERE TO FILE:**

**Local officers:** file with the Supervisor of Elections of the county in which you 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.

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

**NOTE:**

If you are leaving office or employment during the first half of 2007, you may not have filed Form 1 for 2006. 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 will be required to file Form 1 for 2006 by July 1 of 2007.

# FINAL STATEMENT OF FINANCIAL INTERESTS

2007

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:

Webb Jean Marie

MAILING ADDRESS:

1772 Inlet Dr

CITY:

N Fort Myers

ZIP:

33903

COUNTY:

Lee

NAME OF REPORTING PERSON'S AGENCY:

Copper Cove  
Moody River Estates CDD

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

- ☒ LOCAL OFFICER    ☐ STATE OFFICER  
☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD: Chairman

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

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## 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
Meritage Homes	12631 Westlaks Dr #7 Fort Myers 33913	Residential Developer
Kilzon Babcock LLC	17837 Murdock Cir Port Charlotte	Developer

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

N/A

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TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

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mutual fundIntercoil Corp of Canada  
Raymond James**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Wells Fargo

PO Box 14547 Des Moines IA 50306

**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	N/A		
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:

Jean Wk

DATE SIGNED:

8/17/07

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