FORM 1	STATEMENT OF		2007			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTE	RESTS				
LAST NAME - FIRST NAME - MIDDLE	NAME: INRAD EUGENE NRA150 BLUD	FOR OFFIC USE ONLY				
			ID Code Conf. Code			
CITY: N. FT MYERS	ID No.					
	Conf. Code					
NAME OF OFFICE OR POSITION HELD SUPERVISOR	P. Req. Code					
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE						
**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):   DECEMBER 31, 2007 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:   MANNER OF CALCULATING REPORTABLE INTERESTS: SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR; 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):   OR OR DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	OME [Major sources of income to the reporting po SOURCE'S ADDRESS	erson]	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
MIO ISLAND TAX I			TAY PREP - ACCT.			
	HAUPPAUCE N. S. U. S. Cou.	(.	· · · · · · · · · · · · · · · · · · ·			
SOCIAL SEC.	U.5. 60U.					
		rces of income to bu ADDRESS DF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, bu	Idings owned by the reporting person]	i	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.			

.

PART D — INTANGIBLE PERSO TYPE OF INTANG		s, bonds, certificat	es of deposit, etc.] BUSINESS ENTITY TO WHICH	THE PROPERTY RELATES	
				н.	
		1. A. A.		ener de la companya d	
		. <u>40. – 11. – 11. – 11. – 11. – 11.</u>	· · · · · · · · · · · · · · · · · · ·		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR ADDRESS OF CREDITOR				CREDITOR	
				· · · · · · · · · · · · · · · · · · ·	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
	BUSINESS ENTI	TY # 1	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):	onead E	Uly 4	DATE SIG	NED (required):	
FILING INSTRUCTIONS:					
WHAT TO FILE:		HERE TO FILE		WHEN 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.

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 Blvd. South, Suite 201, Tallahassee, FL 32312.

*Candidates* file this form together with their qualifying papers.

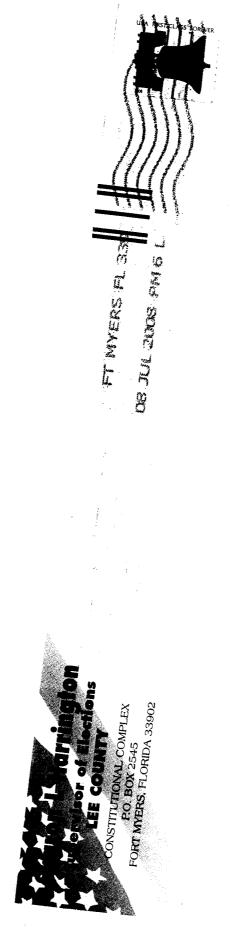
To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

*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.



SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545

Ա..Ա.Ա.Ա.Ա.Ա.Ա.Ա.Ա.Ա.Ա.Ա.Ա.Ա.Ա.Ա.Ա.Ա.

i t