FORM 1	RM 1 STATEMENT OF					2006	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS							
LAST NAME FIRST NAME MIDD	LE NAME	Newman		FOR OF USE ON		çõ	
16860 Fox Der	v					ode	
ET. MYCL9Fl. 33909 LCC CITY: C ZIP: COUNTY: CONSCRIVATION 2020					ID N	o.	
NAME OF AGENCY :						f. Code	
NAME OF OFFICE OR POSITION HELD OR SOUGHT :						eq. Code ري. معاد معاد معاد معاد معاد معاد معاد معاد	
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE							
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, 2006 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE 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]							
	0		RCE'S RESS	{		SCRIPTION OF THE SOURCE'S	
Whenton Kost CSL	He.	6100 L die	N.1031; F1.3576	66	ß	ent Estate	
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of ADDRI OF SOL	ESS	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					and w	IG INSTRUCTIONS for when here to file this form are locat- the bottom of page 2.	
						RUCTIONS on who must file orm and how to fill it out begin ge 3.	
						ER FORMS you may need to e described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
NAME OF	ROL ESTRA						
ADDRESS OF BUSINESS ENTITY	in STATMICAS, F1, 339	ri6					
PRINCIPAL BUSINESS	SALOG						
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST	OK,						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required):							
Sicharde (required).	Torr	5 122/07					
	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.	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.	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 employ-					
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.	Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county	ment. 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.					
NOTE:	where your agency has its headquarters.) State officers or specified state employees	Candidates for publicly-elected local office must file at the same time they file their					
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	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. <i>Thereafter</i> , 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 posi-					

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.

of leaving office or employment.

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

tions.

of another public position must at least file a copy

of his or her original Form 1 when qualifying.