FORM 1	2007								
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL IN	TERESTS	S						
LAST NAME - FIRST NAME - MIDDLE NAM WHITMORE MAILING ADDRESS:	_	FOR O	· · · - —						
2029 PRINCE DI		. ID Code							
NAPLES 39		ID Code	08JUL229M1015 SDE Lee Co F						
VASAUT COMMUNITY NAME OF AGENCY:	<u>r</u>	ID No.	10159						
SUPUNTSOR			Conf. Code	E E					
NAME OF OFFICE OR POSITION HELD OR		P. Req. Code							
You are not limited to the space on the lines on the CHECK ONLY IF CANDIDATE OR	ssary.	0	<u></u>						
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: 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]									
NAME OF SOURCE OF INCOME		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY							
MAGNOUSA LANDENG 60215 CLUB	3401 AUSWOR DEL VER	4 BLUD	foli= CLUB						
PART B SECONDARY SOURCES OF INC	OME (Major customers, clients, and oth	er sources of income to	o businesses owned by the rec	porting person)					
NAME OF (NAM	ME OF MAJOR SOURCES F BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL	BUSINESS OF SOURCE					
PART C REAL PROPERTY (Land, building		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. OTHER FORMS you file are described on page						

PART D — INTANGIBLE PERSON TYPE OF INTANGIE		s, bonds, cer	tificates of c	leposit, etc INESS EN	c.] ITITY TO WH	HICH THE PR	ROPERTY RELATES		
YOIK	Co	MPANY	RUN	401K	PLAL)			
PART E — LIABILITIES [Major de NAME OF CREDI	ADDRESS OF CREDITOR								
WIZUS FAMBO		4415	Messe	PHICU	wyy,	SULTE	325, FORT MYORS	33916	
			·			·			
									
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]									
	BUSINESS ENTITY # 1			BUSINESS ENTITY # 2			BUSINESS ENT	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): 7-17-100						28			
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 filling.

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 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.

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.

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