NAME OF AGENCY:  Conf. Code  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  P. Req. Code						
MAILING ADDRESS:  11395  ATENTOR OF ICE USE ONLY:  MAILING ADDRESS:  11395  ATENTOR OF ICE USE ONLY:  1D Code  ID No.  NAME OF AGENCY:  Conf. Code  P. Req. Code						
MAILING ADDRESS:  1395  Atextord Village Dy  Dicode  Fort Myers 33913  Lee  CITY:  ZIP: COUNTY:  ID No.  NAME OF AGENCY:  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  P. Req. Code						
CITY:  ZIP:  COUNTY:  ID Code  ID No.  NAME OF AGENCY:  Conf. Code  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  P. Req. Code						
NAME OF AGENCY:  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  ID No.  Conf. Code  P. Req. Code						
NAME OF AGENCY:  Conf. Code  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  P. Req. Code						
NAME OF AGENCY:  Conf. Code  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  P. Req. Code						
NAME OF OFFICE OR POSITION HELD OR SOUGHT:  P. Req. Code						
Deputy Director						
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]						
NAME OF SOURCE  OF INCOME  NAME OF SOURCE  SOURCE'S  ADDRESS  PRINCIPAL BUSINESS ACTIVITY						
Lee County 1500 Monroe St Ft Myore Cty gout						
Contractors Exam Schal Pembrok-Pines, F/ construction sch	<u>60/</u>					
Dean Steel Harrisburg, Va construction						
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting personal NAME OF I NAME OF MAJOR SOURCES I ADDRESS I PRINCIPAL BUSINESS						
BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE						
<del></del>						
PART C REAL PROPERTY [Land, buildings owned by the reporting person]  FILING INSTRUCTIONS for when						
and where to file this form are loc						
INSTRUCTIONS on who must this form and how to fill it out be on page 3.						
OTHER FORMS you may need	to					

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE   BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
NA					
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR			
N/13					
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	N/B				
ADDRESS OF BUSINESS ENTITY	<u> </u>				
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):  DATE SIGNED (required):  5/22/07					
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.

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 Boulevard, 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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