

**FORM 1**

**STATEMENT OF**

**2007**

**FINANCIAL INTERESTS**

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

ACKER, R LEE

MAILING ADDRESS :

2004 Mohawk Tr

CITY :

Maitland

ZIP :

32751

COUNTY :

ORANGE

NAME OF AGENCY :

CITY OF MAITLAND

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CODE ENFORCEMENT BOARD

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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BILL COWLES  
SUPERVISOR OF ELECTIONS

PDF 2007

**\*\*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:**

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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Remax Real Realty	954 S. Orlando Av, WP, FL	Real Est Mgmt
R Lee Acker, Broker	" " "	Real Est Sales
Leading Edge Title	960 S. Orlando Ave, WP FL	Title Ins.

**PART B -- SECONDARY SOURCES OF INCOME** (Major customers, clients, and other sources of income to businesses owned by the reporting person)

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
R Lee Acker, Broker	Select Portfolio	3815 SW Temple St	REO Sales

**PART C -- REAL PROPERTY** (Land, buildings owned by the reporting person)

2004 Mohawk Tr Maitland FL
2517 Jamie Cir, Orl, FL
1612 Knellwood Cir, Orl FL
2104 Oregon, ORL FL
954 S. ORLANDO, WP FL

**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 may need to file are described on page 6.

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
	Leading Edge Title Orlando	Leading Edge Title

PART E — LIABILITIES [Major debts]	NAME OF CREDITOR	ADDRESS OF CREDITOR
	First Horizon	Atlanta GA
	Countrywide	WP, FL
	Washovia	ORL, FL

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	Remax 200/Town/Country	Leading Edge Title	Remax RTH Centre
ADDRESS OF BUSINESS ENTITY	954 S. Orlando Ave	960 S. Orlando Ave	2812 David Walker
PRINCIPAL BUSINESS ACTIVITY	Real Est Sales	Title Ins.	Real Est Sales
POSITION HELD WITH ENTITY	VP	Member Manager	Partner
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No	✓	✓
NATURE OF MY OWNERSHIP INTEREST	No	Limited	✓

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

SIGNATURE (required): 

DATE SIGNED (required): 9-2-08

**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 16709, Tallahassee, FL 32317-5709; physical address: 3800 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.