FORM 1	STATEM	IENT OF	1	JC	2010
Please print or type your name, mailing address, agency name, and position below	FINANCIAI	LINTEREST	$s \mid \uparrow$		
LAST NAME FIRST NAME MIDDLE Agnew Laura	NAME:	FOR C	FFICE NLY:		
MAILING ADDRESS: 3412 Hibiscus Drive					
			ID C	ode	
CITY: Fort Myers NAME OF AGENCY:	33901 Lee		ID N	lo.	(A) (M) (B) (B)
Verandah East Commur	•	trict		f. Code eq. Code	Ţ
Assistant Secretary You are not limited to the space on the line		if naccessary	1 P. K	eq. Code	
·	OR NEW EMPLOYEE OR A				
DECEMBER 31, 2010 MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, C instructions for further details). PLEASE: COMPARATIVE (PERCENTAGE) PART A PRIMARY SOURCES OF INC (Iff you have nothing to repo NAME OF SOURCE OF INCOME Bonita Bay Group	ABLE INTERESTS: THE OPTION OF USING REPOR DR USING COMPARATIVE THRESE STATE BELOW WHETHER THIS ST. THRESHOLDS OR COME [Major sources of income to to ort, you must write "none" or "n/a";	HOLDS, WHICH ARE USUAL TATEMENT REFLECTS EITHE DOLLAR VALUE DOLLAR VALUE DOLLAR VALUE DE CONTROL DE	ARE ABSOLY BASED R (must ch	OLUTE DO ON PER seck one): RESHOLD	DLLAR VALUES, WHICH CENTAGE VALUES (se DS OS OF THE SOURCE'S BUSINESS ACTIVITY
PART 8 SECONDARY SOURCES OF	F INCOME (Major customers, clients	and other sources of income	o busines	banwo ses	by the reporting person!
	ort , you must write "none" or "n/a NAME OF MAJOR SOURCES OF BUSINESS' INCOME		RESS PRINCIPAL BUSINESS		
N/A					A
PART C REAL PROPERTY [Land, but (If you have nothing to repo	uildings owned by the reporting perso ort, you must write "none" or "n/a")		when are local INST file this	and wher cated at t	RUCTIONS for the to file this form the bottom of page 2. ONS on who must the how to fill it out 3.
			ОТНЕ	R FOR	MS you may need ribed on page 6.

PART D — INTANGIBLE PERSOI (If you have nothing t							
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Traditional IRA - mutual funds		Raymond James & Associates - Laura Agnew					
ROTH IRA - mutual funds		Raymond James & Associates - Laura Agnew					
Money Market		Raymond James & Associates - Patrick & Laura Agnew					
Mutual Funds		Raymond James & Associates - Patrick & Laura Agnew					
401k - Mutual funds		Nationwide Financial - Laura Agnew					
PART E — LIABILITIES [Major de (If you have nothing to		rite "none" or "	'n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR					
N/A				-			
				E			
	***************************************			Ü			
, , , , , , , , , , , , , , , , , , , ,							
PART F — INTERESTS IN SPECIFI (If you have nothing to	report, you must writ			CH CO BUSINESS ENTITY#3			
NAME OF BUSINESS ENTITY	N/A			8			
ADDRESS OF BUSINESS ENTITY				TI			
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):				ED (required):			

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.

FILING INSTRUCTIONS:

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:

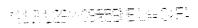
Initially, each local officer/employee, state officer, and specified state employee mustifile *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, ever if that is less than 30 days from 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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