FORM 1	STATEM	ENT OF		2009		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS				
HALLEY GRAN		S FOR OF USE ON				
PO DRAWER	2217			ode 🛁		
CITY:			JJULO			
FURT MYERS 3	.	J _{ID N}	0. 기계 1 1 1년			
NAME OF OFFICE OR POSITION HELD O		1 \	10JULO7AM11∰25NE Lee CoF			
CITY ATTORN			· · · · · · · · · · · · · · · · · · ·			
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 PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):						
DECEMBER 31, 2009 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 STA COMPARATIVE (PERCENTAGE) TH			•	ne): RESHOLDS		
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF SOURCE OF INCOME	SOUF ADDF	RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
ITY OFFORT MYERS	FURT MY FRS	TREET PL 33901	LEGA	2 / MUNICIPAL AFFAIRS		
•						
PART B SECONDARY SOURCES OF II (If you have nothing to report	NCOME [Major customers, clients, , you must write "none" or "n/a"	and other sources of income to	busines	ses owned by the reporting person]		
NAME OF N BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
				RUCTIONS on who must s form and how to fill it out on page 3.		
				R FORMS you may need are described on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] (If you have nothing to report, you must write "none" or "n/a")						
TYPE OF INTANGIB	LE	, BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
STOCK ACCOL	INTS WORTH	NORTHERN TRUST BANK				

PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF CREDIT	OR	ADDRESS OF CREDITOR				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] (If you have nothing to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3						
NAME OF BUSINESS ENTITY		BOOMEOU EIVIII # 2	BOOMEOO ENTITE # 5			
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):	DATE SIGNED (required): 6/28/2010					
FILING INSTRUCTIONS:						
WHAT TO FILE:	WHERE TO FIL	E: WHI	N 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.

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.

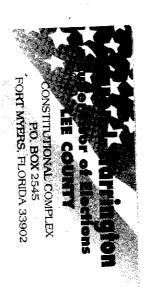
initially, each local officer/employee, stat officer, and specified state employee mustille within 30 days of the date of his or he appointment or of the beginning of employment. Appointees who must be confirmed be the Senate must file prior to confirmation, eve if that is less than 30 days from the date of the appointment.

Candidates for publicly-elected local offic must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees ar required to file by July 1st following each calendar year in which they hold their postions.

Finally, at the end of office or employmen each local officer/employee, state officer, an specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment.

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

