FORM 1	STATEMENT OF			2009		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5	7		
LAST NAME FIRST NAME MIDDLE N	IAME :	FOR O				
MAILING ADDRESS:	7th ST		- ID Code	100		
	ZIP: COUNTY:		ID Code	QJUN14PMO173SNE Lee Cor		
CAPE CORAL 3	33914-80H	LEE!	ID No.)173SN		
NAME OF OFFICE OR POSITION HELD C	SING FINANCE, OR SOUGHT:	AUTHORITY	Conf. Code	le The		
CHAIRMAN	·			1		
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OF						
	**BOTH PARTS OF THIS SECTI	ION 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, 2009 MANNER OF CALCULATING REPORTABLE		TAX YEAR IF OTHER THAN T	HE CALENDAR	RYEAR:		
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 INCO (If you have nothing to report,	DME [Major sources of income to the , you must write "none" or "n/a")					
NAME OF SOURCE OF INCOME	ADDI	IRCE'S DRESS		PTION OF THE SOURCE'S PAL BUSINESS ACTIVITY		
SUNCHIST CONTRACTO	FTAVERS, FL	2D 33916	LUMBE	TR SALESUAN		
SW STRUCTURAL SYSTE	भा निर्मार्गिक में	24T193905	77845	S ".		
						
PART B SECONDARY SOURCES OF II	INCOME (Major customers, clients,	and other sources of income t	o husinesses o	whed by the reporting personi		
(If you have nothing to report	t , you must write "none" or "n/a" NAME OF MAJOR SOURCES	") ADDRESS	1	PRINCIPAL BUSINESS		
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NONE	N/A	N/A		NIA		
		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
						
PART C REAL PROPERTY [Land, buildi						
	you must write "none" or "n/a")		when and w	NSTRUCTIONS for where to file this form I at the bottom of page 2.		
113 NW 74+4	TETER, CAR	ECORALFL		CTIONS on who must		
26-43-23-03-	02798.05	560 331070	begin on pa			
UNIT 40, BUK Z	2798, LOTS:	56,57,58		ORMS you may need		

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 INTANGIBLE	1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
120 ACCOUNT	2 MODE	MORGAN-STANLEY, JOHN HANCOCK,				
1/	1)1//	NY LIFE, MORGAN-KEEGAN				
STOCK	PUC.	PUESUX SUPERMARKETS				
401 K	PI	PILINCIPAL GROUP, RAJMOND - SAME				
C. D.	Moto	MORGAN-STANCEY				
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF CREDITOR	CIA DO RO	ADDRESS OF CREDITOR TO BOY 70110 TAWN FT 330 77-5718				
DR OF AMERICA POBOX 25110, CAMPA, CESSONO						
STUDEN LOAN CORP CITIBANIZUSA, NA						
FOBOX 6094, SIOUX FALLS, SD						
57117-6044						
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")						
(ii jee lave looming to repe	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NONE					
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): 6.11.10						

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.

FILING-INSTRUCTIONS:

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.