| FORM 1 | | STATEMENT OF | | | ل 2010 عالم | | |
|---|--------------------|--|-----------|---|--|--|--|
| Please print or type your name, mailing address, agency name, and position bel | ow: | FINANCIAL | INTERESTS | F | 75 | | |
| LAST NAME FIRST NAME MIDD SARTH OLOMEW MAILING ADDRESS: 1560 MATTHELL | | ZAKE ADAM Z Site H | FOR O | | 1.1UND099400 | | |
| NAME OF OFFICE OR POSITION HE | ZIP: | . 7 | ID Cod | Fig. Code | | | |
| You are not limited to the space on the I | | if necessary. PPOINTEE | | Code | | | |
| **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 (must check one): DECEMBER 31, 2010 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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 (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS | | | | | | | |
| | | must write "none" or "n/a") | | 4 | | | |
| NAME OF SOURCE OF INCOME | | SOURCE'S ADDRESS | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | |
| BARTHOLOMEN REALTY | | 1500 Meddhew De Suite H | | Investments | | | |
| | | FOR MYERS, FL \$3907 | | <u></u> | | | |
| | | , | | | | | |
| NAME OF BUSINESS ENTITY | eport , yo NAMI | ME [Major customers, clients, ou must write "none" or "n/a" E OF MAJOR SOURCES BUSINESS' INCOME | | o businesses | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | |
| Nine | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PART C REAL PROPERTY [Land, (If you have nothing to re | port, you | must write "none" or "n/a") |] | when an are local | INSTRUCTIONS for d where to file this form led at the bottom of page 2. JCTIONS on who must form and how to fill it out page 3. | | |
| | | | | | FORMS you may need e 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 INTANGIBLE | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | |
| Nove | ÷ | | · · · · · · · · · · · · · · · | | | | |
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| | - | | | | | | |
| PART E — LIABILITIES [Major det (If you have nothing to | | write "none" or "r | va") | | | | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | | |
| Nove | | <u> </u> | | | | | |
| | | | | • | | | |
| | | | | | | | |
| - , , , , , , , , , , , , , , , , , , , | | | | | | | |
| PART F — INTERESTS IN SPECIFIE (If you have nothing to r | eport, you must w | Ownership or positi rite "none" or "n/a SS ENTITY # 1 | ions in certain types of businesses ") BUSINESS ENTITY # | | | | |
| NAME OF BUSINESS ENTITY | None | | | | | | |
| 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 A | RE CONTINUE | D ON A SEPARATE SHE | ET. PLEASE CHECK HERE | | | |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required): DATE SIGNED (required): | | | | | | | |
| SIGNATURE (required). | 1 | <u>,</u> → | | 6 (26 II) | | | |
|) FINING INSTRUCTIONS: | | | | | | | |
| After completing all parts of this form, including listing it, send back only the first of | | WHERE TO FII If you were mailed on Ethics or a Cou | | 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 he | | | |

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.

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.

appointment or of the beginning of employ ment. Appointees who must be confirmed to 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 office must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees a required to file by July 1st following ea calendar year in which they hold their po tions.

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