FORM 1	STATEM	STATEMENT OF		, 2009	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		1	
LAST NAME - FIRST NAME - MIDDLE		FOR OFF USE ONI			
2/509 Porta	SHRUN		ID Code		
CITY :	ZIP : COUNTY :				
ESTERO 3	3928 LEE		ID No.	PLUGO2PM12722SNE Lee CorF	
STONEYSYOUK ES	OR SOUGHT:	· · · · · ·	P. Req. Co	e r	
You are not limited to the space on the lines		lf necessary.			
		PPOINTEE			
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, 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 STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):					
COMPARATIVE (PERCENTAGE)			LUE THRESH	IOLDS	
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	OME [Major sources of income to th rt, you must write "none" or "π/a")	e reporting person]			
NAME OF SOURCE OF INCOME		RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
					
	FINCOME [Major customers, clients, ort , you must write "none" or "n/a")	businesses of		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
	· - · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
		· · · ·		······································	
PART C REAL PROPERTY [Land, bu (If you have nothing to report	ildings owned by the reporting persor rt, you must write "none" or "n/a")		when and	NSTRUCTIONS for where to file this form I at the bottom of page 2.	
				CTIONS on who must rm and how to fill it out age 3.	
	·····	·		FORMS you may need described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERT (If you have nothing to report, you	Y [Stocks, bonds, certificates of deposit, etc.] must write "none" or "n/a")			
TYPE OF INTANGIBLE	-	HICH THE PROPERTY RELATES		
VARIOUS STOCK				
		- Dergreen		
	CSE EMPLOYEES	RANN RANN		
hecking	WACHOUIA, BANK	of AMERICA		
PART E — LIABILITIES [Major debts] (If you have nothing to report, you n	nust write "none" or "n/a")			
NAME OF CREDITOR				
	ADDRESS OF CREDITOR			
PART F INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, you mu	ES [Ownership or positions in certain types of businesse	es]		
	BINESS ENTITY # 1 BUSINESS ENTITY #	# 2 BUSINESS ENTITY # 3		
ADDRESS OF BUSINESS ENTITY	· · · · · · · · · · · · · · · · ·			
PRINCIPAL BUSINESS ACTIVITY	· · · · · · · · · · · · · · · · · · ·			
POSITION HELD WITH ENTITY	······			
I OWN MORE THAN A 5%	·			
INTEREST IN THE BUSINESS				
IF ANY OF PARTS A THROUGH	FARE CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE (required):		SIGNED (pequired);		
$\times \mathcal{L} \mathcal{L}$	Docat	7/29/2010		
	FILING INSTRUCTIONS:			
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE:		
After completing all parts of this form, including	If you were mailed the form by the Commission			
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to	file within 30 days of the date of his or he		
If you have nothing to report in a particular	that location. appointment or of the beginning of emment. Appointees who must be confirmed			
section, you must write "none" or "n/a" in that	of Elections of the county in which they perma-			
section(s).	nently reside. (If you do not permanently reside	if that is less than 30 days from the date of the appointment.		
Facsimiles will not be accepted.	in Florida, file with the Supervisor of the county where your agency has its headquarters.)	Candidates for publicly-elected local offic		
NOTE:	State officers or specified state employees	must file at the same time they file the qualifying papers.		
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a	file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical	Thereafter, local officers/employees, stat		
calendar or fiscal year is not required to file a	address: 3600 Maclay Boulevard, South, Suite	officers, and specified state employees an		

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.

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.

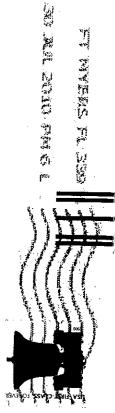
required to file by July 1st following eac calendar year in which they hold their pos tions.

Finally, at the end of office or employment 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

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