FORM 1 STATEMENT OF FINANCIAL INTERESTS Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : FOR OFFICE USE ONLY: KONHER KoBERT MAILING ADDRESS : 9192 SPRING RUY BLUD BROOKS OF BONITA SPRINGS CDD SUPERVISOR NAME OF OFFICE OR POSITION HELD OR SOUGHT: 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** 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): 囟 **DECEMBER 31, 2009** 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) THRESHOLDS DOLLAR VALUE THRESHOLDS 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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY PENLION SUN LIFE OF CAMPOR WELLCOLED MICEL MA U.L. TREASHET L.U SOCIAL SCENEITY MAJANAMON DIC. PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a"). NAME OF NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for (If you have nothing to report, you must write "none" or "n/a") when and where to file this form are located at the bottom of page 2. 9192 STRING RUD BLUD. BONIEZ SPRINGS INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL	PROPERTY [Stocks, bonds, certoort, you must write "none" or	ificates of deposit, etc.]		
` '	port, you must write . none or			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES	
IRA				
STOCK	Fo	<u> </u>	·	
			<u> </u>	
€				
PART E — LIABILITIES [Major debts] (If you have nothing to rep	port, you must write "none" or	"n/a")		
NAME OF CREDITOR		ADDRESS OF CRE	DITOR	
BANK OF AMER	LA MARTARE C	WORLDTTE , N.C.	and the second s	
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PART F — INTERESTS IN SPECIFIED E (If you have nothing to repo	BUSINESSES [Ownership or pos ort, you must write "none" or "n BUSINESS ENTITY # 1	itions in certain types of businesses] (a") BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	A CI			
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 THE	ROUGH F ARE CONTINU	ED ON A SEPARATE SHEET, PL	EASE CHECK HERE	
SIGNATURE (required):		DATE SIGNED (DATE SIGNED (required):	
FILING INSTRUCTIONS:				

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 INSTRUCTI

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 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.