FORM 1		STATEM	ENT OF		2010		
Please print or type your name, mailing address, agency name, and position be		FINANCIAL	INTEREST	sΓ	enter Facción Junior		
Address, agency name, and position below: AST NAME - FIRST NAME - MIDDLE NAME: BONNER, ROBERT ALLEN MAILING ADDRESS: 9192 SPRING RUN BUDD BORITO STRING 34135 LEC DITY BODRO OF SUPER W ² PMD COUNTY:							
BONITIO STRINGS CITY: BODRO OF SUPE BROOKS OF SUPE NAME OF AGENCY: SUPERVISOR NAME OF OFFICE OR POSITION H	311 .2 42 -170 ELD OR S	~	D No.				
You are not limited to the space on the CHECK ONLY IF CANDIDATE							
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: 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 (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS							
PART A PRIMARY SOURCES OF	INCOME		e reporting person]				
NAME OF SOURCE OF INCOME		sou	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
PENSION		SUN LIEC OF CLANADA			INS. (0.		
		WELLESLUS HILLS MA					
Social SECULITY IRA		U.L TACASILY					
PART B SECONDARY SOURCES	eport , yc NAMI	ME [Major customers, clients, u must write "none" or "n/a" E OF MAJOR SOURCES BUSINESS' INCOME		o busines	PRINCIPAL BUSINESS		
None							
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			
9192 STRIVE R		······································	when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
					ER FORMS you may need are described on page 6.		

PART D - INTANGIBLE PERSONA (If you have nothing to								
TYPE OF INTANGIBL	E		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
None								
	<u> </u>							
	·					<u></u>		
		·						
						<u> </u>		
PART E — LIABILITIES [Major deb (If you have nothing to		st write "none" or "	'n/a'')					
					ADDRESS OF CREDITOR			
Bown ox Amenic								
·······						<u></u>		
PART F — INTERESTS IN SPECIFIE	D BUSINESSES	IOwnership or posi	tions in certain types o	fibusinesses				
(If you have nothing to re	eport, you must	write "none" or "n/a IESS ENTITY # 1	a")	S ENTITY # :	-	BUSINESS ENTITY # 3		
IAME OF BUSINESS ENTITY	Nor							
DDRESS OF BUSINESS ENTITY						- <u></u>		
PRINCIPAL BUSINESS ACTIVITY								
POSITION HELD WITH ENTITY								
OWN MORE THAN A 5% NTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A T	HROUGH F	ARE CONTINUE	ED ON A SEPAR/	TE SHEE	ET, PLEAS	E CHECK HERE		
SIGNATURE (required):					DATE SIGNED (required):			
Kond Ka				6-8-11				
		FILING IN	ISTRUCTI	DNS:				
NHAT TO FILE:		WHERE TO F			WHEN T	OFILE: each local officer/employee, s		
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 were mailed the form by the Cor on Ethics or a County Supervisor of Elec your annual disclosure filing, return the that location.		ctions for	officer, and file within	d specified state employee 30 days of the date of his of ht or of the beginning of em		
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).		Local officers/employees file with the St of Elections of the county in which the nently reside. (If you do not permanent		y perma- ly reside	ment. App the Senate	ointees who must be confirme must file prior to confirmation, is than 30 days from the date of		
Facsimiles will not be accepted.		in Florida, file with the Supervisor of the where your agency has its headquarters		e county Ca) Ca ployees mu b Drawer qu physical Th th, Suite offi rec vith their ca	Candidate	s for publicly-elected local		
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		State officers of file with the Comr 15709, Tallahass address: 3600 M 201, Tallahassee, Candidates file	qualifying (Thereafter officers, a required to calendar y		must file at the same time they file qualifying papers. <i>Thereafter</i> , local officers/employees, officers, and specified state employees required to file by July 1st following calendar year in which they hold their			
of another public position must at lea of his or her original Form 1 when q	qualifying papers.		tions. <i>Finally</i> , at	the end of office or employe				

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

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

. 16