| FORM 1                                                                            | STATEM                                    | ENT OF                                                                                        | 2010                                                                            |  |  |  |  |
|-----------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL                                 | INTERESTS                                                                                     | 5 101000                                                                        |  |  |  |  |
| LAST NAME FIRST NAME MIDDLE N                                                     | NAME :                                    | FOR O                                                                                         |                                                                                 |  |  |  |  |
| Brady Christin                                                                    | e Jo                                      | USE O                                                                                         |                                                                                 |  |  |  |  |
| MAILING ADDRESS :                                                                 |                                           |                                                                                               | JUL 2 1 2011                                                                    |  |  |  |  |
| 2115 Second S                                                                     | treet                                     |                                                                                               | LEE COUNTY                                                                      |  |  |  |  |
|                                                                                   |                                           | <b>!</b> \                                                                                    | ELECTIONS                                                                       |  |  |  |  |
| CITY:                                                                             | ZIP: COUNTY:                              |                                                                                               | V 1005                                                                          |  |  |  |  |
|                                                                                   | 33901 Lee                                 |                                                                                               | ID No.                                                                          |  |  |  |  |
| NAME OF AGENCY:                                                                   |                                           |                                                                                               | Conf. Code                                                                      |  |  |  |  |
| NAME OF OFFICE OR POSITION HELD                                                   | OB COLICHT :                              |                                                                                               |                                                                                 |  |  |  |  |
| HR Director                                                                       | UK GOOGITI .                              | 1                                                                                             | P. Req. Code                                                                    |  |  |  |  |
| You are not limited to the space on the lines                                     | on this form. Attach additional sheets,   | if necessary.                                                                                 |                                                                                 |  |  |  |  |
| CHECK ONLY IF CANDIDATE OF                                                        | R NEW EMPLOYEE OR AP                      | POINTEE                                                                                       |                                                                                 |  |  |  |  |
| **BOTH PARTS OF THIS SECTION MUST BE COMPLETED**                                  |                                           |                                                                                               |                                                                                 |  |  |  |  |
| DISCLOSURE PERIOD:<br>THIS STATEMENT REFLECTS YOUR FINA                           | ANCIAL INTERESTS FOR THE PRE              | FCEDING TAX YEAR, WHETH                                                                       | HER BASED ON A CALENDAR YEAR OR ON                                              |  |  |  |  |
| A FISCAL YEAR. PLEASE STATE BELOW                                                 | V WHETHER THIS STATEMENT IS F             | FOR THE PRECEDING TAX Y                                                                       | /EAR ENDING EITHER (must check one):                                            |  |  |  |  |
| DECEMBER 31, 2010                                                                 | OR D SPECIFY TO                           | TAX YEAR IF OTHER THAN T                                                                      | HE CALENDAR YEAR:                                                               |  |  |  |  |
| MANNER OF CALCULATING REPORTAB<br>THE LEGISLATURE ALLOWS FILERS TO                |                                           | ING THRESHOLDS THAT A                                                                         | RE ABSOLUTE DOLLAR VALUES, WHICH                                                |  |  |  |  |
| REQUIRES FEWER CALCULATIONS, OR                                                   | R USING COMPARATIVE THRESHO               | OLDS, WHICH ARE USUALL                                                                        | Y BASED ON PERCENTAGE VALUES (see                                               |  |  |  |  |
| instructions for further details). PLEASE ST  COMPARATIVE (PERCENTAGE) TI         |                                           |                                                                                               | R (must check one):<br>VALUE THRESHOLDS                                         |  |  |  |  |
| PART A PRIMARY SOURCES OF INCO                                                    |                                           |                                                                                               | ALUE ITINLUITOLOG                                                               |  |  |  |  |
|                                                                                   | t, you must write "none" or "n/a")        | a Jaharmia harenii                                                                            |                                                                                 |  |  |  |  |
| NAME OF SOURCE<br>OF INCOME                                                       | SOUR<br>ADDR                              |                                                                                               | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY                         |  |  |  |  |
| N/A                                                                               |                                           | (500                                                                                          | PRINCIPAL BUSINESS ACTIVITY                                                     |  |  |  |  |
|                                                                                   |                                           |                                                                                               |                                                                                 |  |  |  |  |
|                                                                                   |                                           | <del></del>                                                                                   |                                                                                 |  |  |  |  |
|                                                                                   |                                           |                                                                                               |                                                                                 |  |  |  |  |
| PART R SECONDARY SOURCES OF                                                       | INCOME (Major customers, clients, )       | and other sources of income t                                                                 | o businesses owned by the reporting person]                                     |  |  |  |  |
| (If you have nothing to repor                                                     | rt , you must write "none" or "n/a")      | )                                                                                             |                                                                                 |  |  |  |  |
| NAME OF N<br>BUSINESS ENTITY                                                      | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS<br>OF SOURCE                                                                          | PRINCIPAL BUSINESS ACTIVITY OF SOURCE                                           |  |  |  |  |
| NITA                                                                              | <u> </u>                                  |                                                                                               |                                                                                 |  |  |  |  |
| <u> </u>                                                                          |                                           |                                                                                               |                                                                                 |  |  |  |  |
|                                                                                   |                                           |                                                                                               |                                                                                 |  |  |  |  |
|                                                                                   |                                           |                                                                                               |                                                                                 |  |  |  |  |
| PART C REAL PROPERTY [Land, build                                                 |                                           | ]                                                                                             | FILING INSTRUCTIONS for                                                         |  |  |  |  |
| (If you have nothing to report                                                    |                                           | HILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. |                                                                                 |  |  |  |  |
| 1524 Brychwest Blue                                                               |                                           | , -                                                                                           |                                                                                 |  |  |  |  |
| 360 YUKSTURE ST                                                                   | Pt.Charlos                                | tte                                                                                           | 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 PERSONA<br>(If you have nothing to                           |                      |                                               |                            |               |                                                     |  |  |
|----------------------------------------------------------------------------------|----------------------|-----------------------------------------------|----------------------------|---------------|-----------------------------------------------------|--|--|
|                                                                                  | .E                   | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |                            |               |                                                     |  |  |
| SASCK V                                                                          |                      | Iron                                          | Bow In                     |               |                                                     |  |  |
| (A)                                                                              |                      |                                               |                            |               |                                                     |  |  |
|                                                                                  |                      |                                               |                            |               |                                                     |  |  |
|                                                                                  |                      |                                               |                            | <del> </del>  |                                                     |  |  |
| NA S                                                                             |                      |                                               |                            |               |                                                     |  |  |
| PART E LABORTIES [Major deb                                                      | report, you must w   | vrite "none" or "n                            |                            |               |                                                     |  |  |
| NAME OF CREDITO                                                                  | <u>)R</u>            | ADDRESS OF CREDITOR                           |                            |               |                                                     |  |  |
| NIK                                                                              | <del></del>          | <del> </del>                                  |                            |               | <del></del>                                         |  |  |
|                                                                                  |                      |                                               |                            | <u> </u>      |                                                     |  |  |
| <del></del>                                                                      |                      | <del> </del>                                  |                            |               |                                                     |  |  |
| PART F — INTERESTS IN SPECIFIE                                                   | TO DUCINESSES (C     |                                               | in certain times of        | - Lucinoespel |                                                     |  |  |
| (If you have nothing to re                                                       | eport, you must writ |                                               | ')                         | S ENTITY # 2  | BUSINESS ENTITY # 3                                 |  |  |
| NAME OF BUSINESS ENTITY                                                          | NJA                  |                                               |                            |               |                                                     |  |  |
| ADDRESS OF BUSINESS ENTITY                                                       |                      |                                               |                            |               |                                                     |  |  |
| PRINCIPAL BUSINESS ACTIVITY                                                      |                      |                                               |                            |               |                                                     |  |  |
| POSITION HELD WITH ENTITY                                                        |                      |                                               |                            | }             |                                                     |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS                                 |                      |                                               |                            |               |                                                     |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST                                               |                      |                                               |                            |               |                                                     |  |  |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE |                      |                                               |                            |               |                                                     |  |  |
| SIGNATURE (required):  DATE SIGNED (required):  7/18/10                          |                      |                                               |                            |               | equired): 7 / 18 / 10                               |  |  |
| // FILING INSTRUCTIONS:                                                          |                      |                                               |                            |               |                                                     |  |  |
| WHAT TO FILE: After completing all parts of this for                             |                      | WHERE TO FIL                                  | .E:<br>the form by the Com |               | N TO FILE:<br>y, each local officer/employee, state |  |  |
| Alter completing an parte of the ion                                             | III, morasing        | you                                           |                            |               | y, oddi rosai omalina propins                       |  |  |

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.

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.

Initially, each local officer/employee, state officer, and specified state employee mus file within 30 days of the date of his or he appointment or of the beginning of employ ment. Appointees who must be confirmed be the Senate must file prior to confirmation, ever if that is less than 30 days from the date of the appointment.

Candidates for publicly-elected local offic must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, stat officers, and specified state employees ar required to file by July 1st following eac calendar year in which they hold their postions.

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



## **BOARD OF COUNTY COMMISSIONERS**



Brian Bigelow District Two

Ray Judah District Three

Tammy Hall District Four

Frank Mann District Five

Karen B. Hawes

County Manager Michael D. Hunt

County Attorney Diana M. Parker

County Hearing

239-533-2245

JUL 2 1 2011 **LEE COUNTY** 

**Supervisor of Elections** 

P.O. Box 2545

July 19, 2011

Fort Myers, FL 33902-2545

To Whom It May Concern:

I would like to formerly request that my information be kept confidential per Section 119.071(4)(d). I have used my business address on the enclosed form.

Thanking you in advance.

Sincerely,

Christine Brady, Director

**Human Resources** 

Lee County Board of County Commissioners