JRM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)									
LASTINAME - FIRST NAME - MIDI DRANNETH	ies A.	NAME OF REPORTING PERSON'S AGENCY:							
MAILING ADDRESS: 26441 Charlotte Or. Bonita Springs, 34135-Lee CITY: ZIP: COUNTY:			CHECK ONE OF THE FOLLOWING (see "Who Must File of page 3): LOCAL OFFICER STATE OFFICER* SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD: CONTROL LIST OFFICE OR POSITION HELD:						
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HELD THE PUBLIC									
OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 15 100 10 (HOP), 2011. (Date must be prior to 12/31/11) 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 further details). PLEASE STATE BELI	RATIVE THRESHOLDS, WHIC THER THIS STATEMENT REF	CH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for							
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 OF INCOME		SOUR(ADDRI			RIPTION OF THE SOURCE'S ICIPAL BUSINESS ACTIVITY				
Teamster Pensio	Detroit, M	chigan Zakor Organization							
Journal Securiti	1	Washington	, N.C.	C. Rynning a Country					
Bonita Bay Group Bonita Spring			195 Florida	Keste	State Neveloper				
	+			 					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person] (If you have nothing to report, you must write "none" or "n/a")									
NAME OF BUSINESS ENTITY	_	E OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
NA									
NA									
NA					! 				
NIH									
PART C - REAL PROPERTY (La (If you have nothing to re Manu Pactured 1 to	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.								
				this fo	RUCTIONS on who must file orm and how to fill it out begin ge 3 of this packet.				
					ER FORMS you may need to e described on page 6.				

PART D — INTANGIBLE PERS							
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
401K		Bonita Bay Group					
HOCK		Vang	vard' '				
					3		
]			Ā Ā		
PART E — LIABILITIES [Major (If you have nothing to		rite "none" or "n/	/a")				
NAME OF CREDIT	OR	<u></u>		OF CREDITOR	R O		
Credit Union	Ţ	Ester	ru, Florida				
4444							
				_			
PART F — INTERESTS IN SPEC				ousinesses]	-		
(If you have nothing to re	report, you must writ BUSINESS ENT		a") BUSINESS ENTITY # 2	, <u> </u>	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	NA						
ADDRESS OF BUSINESS ENTITY	NA						
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 AR	E CONTINUE	D ON A SEPARATE SHEE	ET, PLEAS	E CHECK HERE		
	/ /	. 12					
SIGNATURE:	an obset 1	E	DATE S	IGNED:	4 Jan 11		
			TOTIONS.				
İ	I' LL	ANG mo	STRUCTIONS:				
i					,		
WHAT TO FILE:		VHERE TO FILE		NOTE:			
After completing all parts of t pages 1 and 2, including signing a	and dating it, Ele	lections of the cou	file with the Supervisor of ounty in which you perma-	during the	are leaving office or employment first half of 2011, you may not		
send back only pages 1 and 2 for need not return any of the instruc	for filing (you ner ction pages). in f	ently reside. (If you Florida, file with th	u do not permanently reside the Supervisor of the county	have filed this is not t	Form 1 for 2010. In that case, the last form you will file, even		
Facsimiles will not be accepted.	wh ^r	here your agency ha	has its headquarters.)	though the i	Form 1F covers the final portion m of office or employment. You		
WHEN TO FILE: At the end of office or employed	ment each Dra	es: file with the Co rawer 15709, Talla	or specified state employ- Commission on Ethics, P.O. Illahassee, FL 32317-5709;	•	uired to file Form 1 for 2010 by		
local officer, state officer, and speci employee is required to file a final of	disclosure Sou		3600 Maclay Boulevard, allahassee, FL 32312.				
form (Form 1F) within 60 days of office or employment, unless he or	of leaving she takes	To determine wh	what category your position "Who Must File" Instructions				
allouler dosidor within the bu-day bendo mar		n page 3.					

Form 6.