

FORM 1

STATEMENT OF

FINANCIAL INTERESTS

COPY 2010

Please print or type your name, mailing address, agency name, and position below:

LAST NAME - FIRST NAME - MIDDLE NAME:

BRICE, ROBERT, JOHN

MAILING ADDRESS:

3460 N. KEY DRIVE, #206E (FORMERLY 5070 INDIGO BOY BLVD UNIT 102 ESTERO FL 33928)

NORTH FORT MYERS 33903 LEE

CITY: ZIP: COUNTY:

ESTERO FIRE DEPT PENSION BOARD

NAME OF AGENCY:

SECRETARY & TRUSTEE

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE USE ONLY:

ID Card

ID No.

Conf. Code

P. R.

UNSIGNED

JUN 27 PM 09:55 NE Lee 0611

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

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: May 16, 2011

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 OR ☐ DOLLAR VALUE THRESHOLDSPART 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 INCOMESOURCE'S
ADDRESSDESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY

NEW ENGLAND LIFE

MARITZ CONSULTING

SOCIAL SECURITY

U.S. GOVT

INSURANCE Sales & Services

MARKETING CONSULTING

RETIREMENT INCOME

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
BUSINESS ENTITYNAME OF MAJOR SOURCES
OF BUSINESS' INCOMEADDRESS
OF SOURCEPRINCIPAL BUSINESS
ACTIVITY OF SOURCE

DISBROSINS Acrylic Inc.

INS. COMMISSIONERS

VARIOUS

Sales

PART C - REAL PROPERTY [Land, buildings owned by the reporting person]
(If you have nothing to report, you must write "none" or "n/a")

2360 N. KEY DR. North Fort Myers FL 33903

FILING INSTRUCTIONS for
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.OTHER FORMS you may need
to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

COPY

PART E — LIABILITIES [Major debts]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

None

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

(If you have nothing to report, you must write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

DISOLD INS. AGENCY INC.

~~Subchapter S Corp~~

ADDRESS OF BUSINESS ENTITY

2460 N Key Dr. N. Ft. Myers FL 33503

PRINCIPAL BUSINESS ACTIVITY

INS. Sales

POSITION HELD WITH ENTITY

President & 100% owner

I OWN MORE THAN A 5%
INTEREST IN THE BUSINESS

I own 100%

NATURE OF MY
OWNERSHIP INTEREST

OWNER OPERATOR

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

Robert J. Bruce

DATE SIGNED (required):

6/28/2011

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.

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.

**SHARON L. HARRINGTON
SUPERVISOR OF ELECTIONS
LEE COUNTY - FLORIDA**

<u>PHYSICAL ADDRESS</u>	<u>MAILING ADDRESS</u>
LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 RD FLOOR FORT MYERS FL 33901	please send all correspondence to this address P O BOX 2545 FORT MYERS FL 33902-2545
MAIN OFFICE 239 LEE VOTE 239-533-8683	FAX 239-533-6310 WEBSITE www.leeelections.com

TO : Local Officer

FROM : Bernie Feliciano
bfeliciano@leeelections.com
Filing Officer

RE : Incomplete Form 1 Statement of Financial Interest for 2010

11 JUN 2010 09:55 AM LEE Co FI

You recently filed your Form 1 Statement of Financial Interests for 2010 with the office of the Lee County Supervisor of Elections. The form is incomplete. The following information is missing from the form:

◆ Signature and/or Date

You are required to file a SIGNED and DATED form. We are returning, to you, a copy of the original form you filed for your signature and date. Return the signed and dated form immediately in order to comply with the signature and date requirements for Form 1 Statement of Financial Interests.

Please use the postage-paid envelope provided to return the signed and dated form. You may call 239-533-6304 if you have any questions.

Enclosures: Copy of Original Form 1 Statement Of Financial Interests for 2010 for Signature and/or Date
Postage Paid Return Envelope

Sorry About That



