## FORM 1

# STATEMENT OF

2001

rokwi i	SIAILMENI	<b>O</b> I'	2001
Please print or type your name, mailing address, agency name, and position below	FINANCIAL INT	ERESTS [	
LAST NAME FIRST NAME MIDDLE	NAME :	FOR OFFICE	
Burkholder, Nora Janet		USE ONLY:	
MAILING ADDRESS :			2007 Sup
137 Standish Circle	·		
		ID.	RECEIVED 2007 APR 24 AM 10: 54 SUPERVISUR OF ELLCTIONS No. of Code Req. Code
CITY:	ZIP: COUNTY:	ID.	No.
	3903 Lee	"	FEM
NAME OF AGENCY:		Co	nf. Code
The City of Fort Myers, NAME OF OFFICE OR POSITION HELD		nf. Code Reg. Code	
	1 P.1	Req. Code	
General Employees Pensio	n Board Trustee	<del></del>	
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINTEE		
	INANCIAL INTERESTS FOR THE PRECEDING DW WHETHER THIS STATEMENT IS FOR THE		
☑ DECEMBER 31, 2001		R IF OTHER THAN THE CA	,
MANNER OF CALCULATING REPORT		E COMPARATIVE LISUAL	V RASED ON DEDCENTAGE
VALUES. BEGINNING IN 2001, THE LE	GISLATURE HAS ALLOWED FILERS THE OPT	TION OF USING REPORTIN	NG THRESHOLDS THAT ARE
THIS STATEMENT REFLECTS EITHER	REQUIRES FEWER CALCULATIONS (see instr (check one):	uctions for further details).	PLEASE STATE BELOW WHETHER
☐ COMPARATIVE (PERCENTAGE		DOLLAR VALUE	THRESHOLDS (new method)
			<del> </del>
PART A PRIMARY SOURCES OF INC NAME OF SOURCE	OME [Major sources of income to the reporting SOURCE'S		ESCRIPTION OF THE SOURCE'S
OF INCOME	ADDRESS		RINCIPAL BUSINESS ACTIVITY
The City of Fort Myers,	FL 2200 Second Street, Ft.M	yers, FL City	y Government
PART B SECONDARY SOURCES OF	INCOME [Major customers, clients, and other se	ources of income to busines	sses owned by the reporting person?
NAME OF	NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE
N/A			
		<del></del>	
PART C REAL PROPERTY [Land, bu	ildings owned by the reporting person]	· · · · · · · · · · · · · · · · · · ·	NG INSTRUCTIONS for when where to file this form are locat-
Ciarla Bartina Barti	4707 Nahadaalaan D		t the bottom of page 2.
Single Residence Rental:	Ft. Myers, FL 33905	INIO	TRUCTIONS on who must file
			form and how to fill it out begin
			age 3.
		ОТН	IER FORMS you may need to

• .	'ART D — INTANGIBLE PERSONAL PROPERTY [Stock TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
N/A						
PART E — LIABILITIES [Major	r debts]					
NAME OF CREDITOR		ADDRESS OF CREDITOR				
First Union Bank - Mtg		P.O. Box 45092, Jacksonville, FL 32232-5092				
First Horizon - Mtg on Rental		4000 Horizon Way, Irving, TX 75063				
	,					
	·					
PART F — INTERESTS IN SPEC	CIFIED BUSINESSES [C	wnership or positions	in certain types of businesses]			
j BUSINESS ENT		TITY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
	<del></del>		1			
NAME OF BUSINESS ENTITY	N/A	j	N/A	N/A		
BUSINESS ENTITY ADDRESS OF	N/A		N/A	N/A		
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS	N/A		N/A	N/A		
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD	N/A		N/A	N/A		
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD MITH ENTITY OWN MORE THAN A 5%	N/A		N/A	N/A		
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	N/A		N/A	N/A		
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD MITH ENTITY OWN MORE THAN A 5% NTEREST IN THE BUSINESS NATURE OF MY DWNERSHIP INTEREST						
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD MITH ENTITY OWN MORE THAN A 5% NTEREST IN THE BUSINESS NATURE OF MY DWNERSHIP INTEREST		E CONTINUED	N/A ON A SEPARATE SHEET, PLI			
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD MITH ENTITY OWN MORE THAN A 5% NTEREST IN THE BUSINESS NATURE OF MY DWNERSHIP INTEREST		E CONTINUED		EASE CHECK HERE		

### 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.

## 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.

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.