FORM 1

# **STATEMENT OF**

20 03 03

Please print or type your name, mailing address, agency name, and position below:	FINA	NCIAL	INTERE	STS					
LAST NAME FIRST NAME MIDDLE Burr Derek CS MAILING ADDRESS : 14400 Cemetery Road	FOR OFFI	/: 		SUPERVISON OF	7003 CEC	7			
					ID Co	ode	Tour T	<u> </u>	
CITY; Fort Myers NAME OF AGENCY:	ZIP: 33905	COUNTY: Lee			ID No	<b>o</b> .			September 1
Lee County Local Planning Agency NAME OF OFFICE OR POSITION HELD				. Code eq. Code		ુ: ૫8	N <sub>Case</sub> e <sup>2</sup>		
CHECK IF CANDIDATE OR	NEW EMPLOY	YEE OR APPOIN	TEE						
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FI A FISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2002  MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (instructions for further details). PLEASE  COMPARATIVE (PERCENTAGE)	NANCIAL INTERES W WHETHER THIS OR BLE INTERESTS: THE OPTION OF OR USING COMPA	STS FOR THE PRESENT IS SPECIFY USING REPOR	FOR THE PRECEDING TAX YEAR IF OTHER THRESHOLDS HOLDS, WHICH ARE	R, WHETHE ING TAX YE R THAN THI S THAT AR E USUALLY 'S EITHER (	AR ENI E CALE E ABS BASEI check o	DING EITH ENDAR YE OLUTE D D ON PER	HER (chec AR: 2003 OLLAR V RCENTAG	R YEAR k one): } 'ALUES E VALU	, WHICH
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person NAME OF SOURCE SOURCE'S ADDRESS				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
City of Fort Myers	PO Drawe	rs Florida 33902 Sala							
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	NAME OF MAJOR	ME [Major customers, clients, and other sources of EOF MAJOR SOURCES ADDR BUSINESS' INCOME OF SO		RESS		sses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
		<u> </u>							
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PART C REAL PROPERTY [Land, but Home address; 14400 Cemetery Roa		and w ed at t	here to f the botto RUCTIO	ile this form of pag	orm ar ge 2. who m	nust file			
					on pa	orm and lige 3.			•

DART D INTANGIRI E DERSO	NAL PROPERTY (Stoo	ke hande certific	ates of deposit, etc.]						
PART D — INTANGIBLE PERSONAL PROPERTY [Stock TYPE OF INTANGIBLE		no, bonus, cerunc	BUSINESS ENTITY TO WHICH T						
Stocks	_	Lowes		SUA	23				
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PART E - LIABILITIES [Major of	iebtsj			SEDITOR S					
NAME OF CREDITOR		ADDRESS OF CREDITOR							
Suncoast Schools Federal Credit Union		1533 Matthew Drive, Fort Myers Florida 33907							
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PART F — INTERESTS IN SPECIFIED BUSINESSES [O									
NAME OF	BUSINESS ENT	HY#1	BUSINESS ENTITY # 2	BUSINESS EN	111 7 # 3				
BUSINESS ENTITY ADDRESS OF									
BUSINESS ENTITY 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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE (required):	noted to	M	DATE SIGNE	D (required) Lec 4	,2007				
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.

### 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.