FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2011

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)					
LAST NAME — FIRST NAME — MIDDLE NA	AME:	NAME OF REPOR	TING PERSON'S	AGENCY:	
Butler Cynthia		Lee County Planning Board-LPA			
MAILING ADDRESS:				(see "Who Must File" on page 3):	
1440 El trado A	ve.	1	_	STATE OFFICER	
- IA II	1		IL OFFICER L IFIED STATE EM		
	3901 Lee_	LIST OFFICE OR			
CITY: ' ZIP:	COUNTY:			member i	
***	BOTH PARTS OF THIS SEC	TION MUST BE CO	MPLETED***	247	
DISCLOSURE PERIOD:				ဟ	
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HELD THE FIBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 11 9 11 9 11 12 2011. (Date must be prior to 12/27/11)					
OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 11 9 11. (Date must be prior to 1231/11)					
	MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH RECITIRES				
FEWER CALCULATIONS, OR USING COM	IPARATIVE THRESHOLDS, WHI	ICH ARE USUALLY BA	ASED ON PERCE		
further details). PLEASE STATE BELOW WI					
COMPARATIVE (PERCENTAI	GE) THRESHOLDS	OR DE	DOLLAR VAL	UE THRESHOLDS	
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					
N/A	1				
CATE D. OFFICE OF ADVISOR OF THE COLUMN TO T	TINGS THE STATE OF THE PROPERTY OF	" district collect	Common to be	ting remeal	
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")					
	AME OF MAJOR SOURCES) I ADDRI	Fee	PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOU		ACTIVITY OF SOURCE	
NIA					
					
					
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			when	NG INSTRUCTIONS for and where to file this form are ed at the bottom of page 2.	
NILA			IIII	RUCTIONS on who must file	
			this fe	orm and how to fill it out begin ge 3 of this packet.	
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				ER FORMS you may need to re described on page 6.	