FODM 1	ST A TEM		/ 2010	
FORM 1	STATEM		2010	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		
LAST NAME - FIRST NAME MIDDLE		FOR OF USE ON		
MAILING ADDRESS :	01/1.1			
2044 DRISIDZ	- PFW		ID Code	
CITY:	ZIP: COUNTY:	55	ZYAH	
NAME OF AGENCY: ID NO.				
PLANNING BOAL	N MEMBER		ID Code ID No. Conf. Code	
NAME OF OFFICE OR POSITION HELD	1 Cullera le	RHLBRIE -	P. Req. Code	
You are not limited to the space on the lines		$\frac{1}{2}$	с С	
CHECK ONLY IF CANDIDATE O		POINTEE	نب ۱۰۰۰	
**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 DECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:				
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):   Image: Comparative (Percentage) THRESHOLDS OR Image: Comparative Thresholds   Image: Comparative (Percentage) THRESHOLDS OR Image: Comparative Thresholds				
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]				
NAME OF SOURCE		RCE'S	DESCRIPTION OF THE SOURCE'S	
LAW OFFICE	2044 BX VSII	DE NEW)	PRINCIPAL BUSINESS ACTIVITY	
- The reference	FOLF MYG		PROFILE	
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 MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
FORTMYERS BURH	MYING DISTRICT	2755 Estera BI	112 MAXING DISNELT	
LIG MARY DISPICT		Fort MILAS BUTCH PL	· · · · · · · · · · · · · · · · · · ·	
COULT MEIDIA TON.	USER FRES	roz. Gries ST	GURT SYSTEM	
STATS OFFICIEDA		TAMALASKE, FL	32399	
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a") FILING INSTRUCTIONS for when and where to file this form				
2040 Brysing MCWI, FOIT WIGNS, FL 33991 are located at the bottom of page 2.				
2044 HAYSIDE IN	CUY, FORT MYPS	ph 33401	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 PROPE (If you have nothing to report, yo	RTY [Stocks, bonds, certificates of deposit, etc.] ou must write "none" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
MURUM FUND	VANGUARD			
MUNIA BUND	FIDELITY			
PART E — LIABILITIES [Major debts] (If you have nothing to report, yo				
•••••				
ALL NAME OF CREDITOR	ADDRESS OF CREDITOR			
BANK OF AMARICA				
WEUS FALGO	10 Bax 650769, DA/US TX 75265			
(If you have nothing to report, you				
	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3			
	<u>A</u>			
POSITION HELD WITH ENTITY				
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):				
	FILING INSTRUCTIONS:			
WHAT TO FILE: WHERE TO FILE: WHEN TO FILE:				
After completing all parts of this form, includin signing and dating it, send back only the firm	If you were mailed the form by the Commission Initially, each local officer/employee, stat on Ethics or a County Supervisor of Elections for officer, and specified state employee mu			
sheet (pages 1 and 2) for filing.	your annual disclosure filing, return the form to file within 30 days of the date of his or h that location. file within 30 days of the beginning of employed appointment or of the beginning of employed approximately approximat			
If you have nothing to report in a particula section, you must write "none" or "n/a" in the				
section(s).	nently reside. (If you do not permanently reside			
Facsimiles will not be accepted.	where your agency has its headquarters.) Candidates for publicly-elected local office			
NOTE:	State officers or specified state employees must file at the same time they file the			

## **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.

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.

qualifying papers.

Thereafter, local officers/employees, sta officers, and specified state employees a required to file by July 1st following eac calendar year in which they hold their pos tions.

Finally, at the end of office or employment each local officer/employee, state officer, ar specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment.