## 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 NAMI	E: runner	NAME OF REPORTING PERSON'S AGENCY:					
MAILING ADDRESS:	, , , , ,						
1750 Bay Usen Dr		CHECK <u>QNE</u> OF THE FOLLOWING (see "Who Must File" on page 3):					
		LOCAL OFFICER STATE OFFICER					
Sorasota FL 342	39 Sarasota	■ SPECIFIED STATE EMPLOYEE					
CITY: ZIP:	COUNTY:	Memor At Large - Chairman					
		James - Chairman					
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED***  DISCLOSURE PERIOD:  THIS STATEMENT AND THE LAST DATE I HELD THE PUBLIC							
OFFICE OR EMPLOYMENT DESCRIBED ABO	VE, WHICH DATE WAS		, 2011. (Date must be pract to 12/31/11)				
MANNIR OF CALCULATING REPORTABLE INTERESTS:							
THE LEGISLATURE ALLOWS HIS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FRUES, CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see Instructions for							
further tetals): PLIMOL STATE BLICK WHETHER THIS STATEMENT REFLECTS EITHER (must check one):							
COMPARATIVE (FERCENTAGE	) THRESHOLDS	OR 🚨 DOL	LAR VALUE 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	SOUR( ADDRI		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Helma	tampa, FL		Network Manager				
			δ				
		<del></del>					
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")							
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` · · · ·		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
PART C REAL PROPERTY II and Audition	age curred by the secretic sec	toon	EILING INSTRUCTIONS				
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 are located at the bottom of page 2.				
370 Palm Ave			INSTRUCTIONS on who must file				
370 Palm Ave Boca Grande, FL 33921			this form and how to fill it out begin on page 3 of this packet.				
,	OTHER FORMS you may need to						
			file are described on page 6.				

PART D — INTANGIBLE PERSONAL I (If you have nothing to report, y				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WH	ICH THE PROPERTY F	RELATES
				⊢ž.
				1SE
PART E — LIABILITIES [Major debts] (If you have nothing to report, y	ou must write "none" or '	"n/a")		)29#08 <del>2</del> 1\$NE
NAME OF CREDITOR		ADDRESS OF CREDITOR		
				R
				<u></u>
				<u> </u>
PART F — INTERESTS IN SPECIFIED	RUSINESSES (Owners)	on a positions in certain types of h	weinecee!	
(If you have nothing to report, yo	ou must write "none" or "i			
NAME OF	SINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSII	NESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF				
BUSINESS ENTITY PRINCIPAL BUSINESS				
ACTIVITY  POSITION HELD				
WITH ENTITY OWN MORE THAN A 5%	<del></del>			
INTEREST IN THE BUSINESS  NATURE OF MY				
OWNERSHIP INTEREST				
IF ANY OF PARTS A THROU	IGH F ARE CONTINU	ED ON A SEPARATE SHE	ET, PLEASE CHE	CK HERE
SIGNATURE:		DATE S	IGNED: 8/29/	()
	FILING IN	NSTRUCTIONS:		
WHAT TO FILE:  After completing all parts of this form pages 1 and 2, including signing and datin send back only pages 1 and 2 for filing need not return any of the instruction pages.  Facsimiles will not be accepted.  WHEN TO FILE:  At the end of office or employment ead local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she take	ges). Elections of the nently reside. (If in Florida, file with where your agence state officer ees: file with the Drawer 15709, physical address re South, Suite 201, and To determine	FILE:  Prs: file with the Supervisor of county in which you permayou do not permanently reside the the Supervisor of the county cy has its headquarters.)  Prs or specified state employee Commission on Ethics, P.O. Tallahassee, FL 32317-5709; pss: 3600 Maclay Boulevard, Tallahassee, FL 32312.  Pe what category your position the "Who Must File" Instructions	during the first ha have filed Form 1 this is not the last though the Form 1F of your term of offi	ng office or employment If of 2011, you may not for 2010. In that case, form you will file, even covers the final portion ice or employment. You file Form 1 for 2010 by

on page 3.

another position within the 60-day period that requires filing financial disclosure on Form 1 or

Form 6.