| FORM 1  |                                   | STATEM   | ENT OF  |                         | 2009  |
|---|-----------------------------------|--|---|-------------------------|---|
| Please print or type your name, mailing address, agency name, and position bel  | low:                              | FINANCIAL  | INTEREST:   | $S_{\perp}$             |   |
| LAST NAME FIRST NAME MIDD<br>English, Katherine R   | LE NAME                           | ā :  | FOR C   | OFFICE<br>ONLY:         |   |
| MAILING ADDRESS :<br>7951 Deni Drive  |                                   |  |   | 1 ID C                  | ode /   |
| CITY:   | ZIP :                             |  |   | DN                      | No.18:  |
| North Fort Myers  NAME OF AGENCY: Pine Air Lakes CDD  | 3391                              | 7 Lee  |   |                         | f. Code eq. Code  |
| NAME OF OFFICE OR POSITION HE Member of the Board of Super  | rvisors                           |  |   | P. Re                   | eq. Code  |
| You are not limited to the space on the I  CHECK ONLY IF CANDIDATE  |                                   | is form. Attach additional sheets,  NEW EMPLOYEE OR A                      |   |                         | תַ  |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BEI  DECEMBER 31, 200   | : FINANCI.<br>:LOW WH             | ETHER THIS STATEMENT IS  | ECEDING TAX YEAR, WHET  | HER BASE<br>YEAR END    | DING EITHER (check one):  |
| MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS COMPARATIVE (PERCENTAG | RS THE (<br>S, OR USI<br>SE STATE | OPTION OF USING REPORT<br>ING COMPARATIVE THRESH<br>BELOW WHETHER THIS STA | HOLDS, WHICH ARE USUAL<br>ATEMENT REFLECTS EITHEI   | LY BASED<br>R (check or | ON PERCENTAGE VALUES (see                                       |
| PART A PRIMARY SOURCES OF (If you have nothing to re  |                                   | [Major sources of income to thus must write "none" or "n/a")               |   |                         |   |
| NAME OF SOURCE<br>OF INCOME   |                                   |  | RCE'S<br>RESS   |                         | SCRIPTION OF THE SOURCE'S<br>RINCIPAL BUSINESS ACTIVITY         |
| Pavese Law Firm   |                                   | P.O. Drawer 1507, Fort   | Myers, FL 33902   | Law Fi                  | rm  |
|   |                                   |  | · · · · · · · · · · · · · · · · · · ·   |                         | <del>-</del>  |
|   |                                   |  |   |                         |   |
|   | eport , yo                        | ou must write "none" or "n/a"  |   | to business             | ses owned by the reporting person]                              |
| NAME OF<br>BUSINESS ENTITY  | OF                                | E OF MAJOR SOURCES<br>F BUSINESS' INCOME                                   | ADDRESS<br>OF SOURCE  |                         | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE                        |
| English Family Ltd Partnership  | Citrus                            |  | P.O. Box 1020, Fort Myers,  | FL 33902                | Farming   |
|   |                                   |  |   |                         |   |
|   |                                   |  |   |                         |   |
| PART C REAL PROPERTY [Land, (If you have nothing to re  | port, you                         | 1]   | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. |                         |   |
| Residence in Lee County, Florid<br>Citrus Grove and Cattle Pastul   |                                   |  | INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.               |                         |   |
|   |                                   |  | ***************************************   | OTHE                    | on page 3.<br>ER FORMS you may need<br>are described on page 6. |

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  (If you have nothing to report, you must write "none" or "n/a")  |                                    |   |                                     |                |          |  |  |  |  |  |
|--|------------------------------------|---|-------------------------------------|----------------|----------|--|--|--|--|--|
| TYPE OF INTANGIB   | LE                                 | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES   |                                     |                |          |  |  |  |  |  |
| Law Firm Partnership   | · <del></del>                      | Pavese Law Firm, P.O. Drawer 1507, Fort Myers, FL 33902                                     |                                     |                |          |  |  |  |  |  |
| **************************************   |                                    |   |                                     |                |          |  |  |  |  |  |
|  |                                    | · · · · · · · · · · · · · · · · · · ·   |                                     |                |          |  |  |  |  |  |
|  |                                    |   |                                     |                |          |  |  |  |  |  |
|  |                                    |   |                                     |                | <u> </u> |  |  |  |  |  |
| PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")   |                                    |   |                                     |                |          |  |  |  |  |  |
| NAME OF CREDIT   |                                    | ADDRESS OF CREDITOR   |                                     |                |          |  |  |  |  |  |
| AES Graduate Loan  | Center                             | ADDRESS OF CREDITOR  ADDRESS OF CREDITOR  AS, GLC, P.O. Box 8155, Harrisburg, PA 17105-8155 |                                     |                |          |  |  |  |  |  |
| Citimortgage   |                                    | 5280 Corporate Drive, Frederick, MD 21703   |                                     |                |          |  |  |  |  |  |
| Bank of America  |                                    | P.O. Box 15019, Wilmington, DE 19886  |                                     |                |          |  |  |  |  |  |
|  |                                    |   | ,                                   | ,              | I        |  |  |  |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]  (If you have nothing to report, you must write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3 |                                    |   |                                     |                |          |  |  |  |  |  |
| NAME OF BUSINESS ENTITY  | English Family Ltd Partnership     |   | Pavese Law Firm                     |                |          |  |  |  |  |  |
| ADDRESS OF BUSINESS ENTITY   | P.O. Box 1020, Ft. Myers, FL 33902 |   | P.O. Box 1507, Fort Myers, FL 33902 |                |          |  |  |  |  |  |
| PRINCIPAL BUSINESS ACTIVITY  | Agriculture                        |   | Law Firm                            |                |          |  |  |  |  |  |
| POSITION HELD WITH ENTITY  | Limited Partner                    | •   | Attorney                            |                |          |  |  |  |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS   | Yes                                |   | Yes                                 |                |          |  |  |  |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST   | Limited Parti                      | ner   | Partner                             |                |          |  |  |  |  |  |
| IF ANY OF PARTS A  | THROUGH F ARE                      | CONTINUE  | D ON A SEPARATE SHEET, PLE          | ASE CHECK HERE |          |  |  |  |  |  |

SIGNATURE (required):

DATE SIGNED (required):

## 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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

#### 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; 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.

### 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.



1833 Hendry Street, P.O. Drawer 1507 Fort Myers, Florida 33902-1507 (239) 336-6249 (239) 332-2243

# TRANSMITTAL MEMORANDUM

To:

Sharon L. Harrington, Supervisor of Elections - Lee County, Florida

From:

Katherine R. English

Date:

June 16, 2010

Re:

Statement of Financial Interests Form - Pine Air Lakes CDD

Please find enclosed for filing my 2009 Statement of Financial Interests form for the Pine Air Lakes CDD.

F:\WPDATA\KRE\Groups\PineAirLakesCDD\harrington.Fin-int.2009.xmit.wpd