FORM 1		STATEMENT OF			2010
Please print or type your name, mailing address, agency name, and position belo	w.	INANCIAL	INTEREST	S	
LAST NAME FIRST NAME MIDDLE English, Katherine R MAILING ADDRESS:	E NAME :			OFFICE ONLY:	
7951 Deni Drive				ID	code
CITY: North Fort Myers NAME OF AGENCY:	ZIP: 33917	COUNTY:		Jan.	No.
Pine Air Lakes CDD  NAME OF OFFICE OR POSITION HE	L OP SOLIC			of. Code	
Member of Board of Superv	visors			I P. R.	leq. Code
You are not limited to the space on the lin  CHECK ONLY IF  CANDIDATE		a, if necessary. PPOINTEE	·	#   T	
**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 SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:					
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE COMPARATIVE (PERCENTAGE	OR USING ( STATE BELO	ON OF USING REPORT COMPARATIVE THRESH OW WHETHER THIS STA	HOLDS, WHICH ARE USUA ATEMENT REFLECTS EITHI	LLY BASED ER (must ch	D ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	ICOME [Majoort, you mu	or sources of income to the st write "none" or "n/a")	ne reporting person]		<u></u>
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Pavese Law Firm	P.(	D. Drawer 1507, F	Fort Myers, FL 3390	2 Law Fir	m
			")   ADDRESS	to busines:	PRINCIPAL BUSINESS
BUSINESS ENTITY English Family Ltd Partnership (	•	siness income	P.O. Box 1020, Ft Myers,	OF SOURCE ACTIVITY OF SOURCE  O. Box 1020, Ft Myers, FL 33902 Farming	
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.	
Residence in Lee County, l	Florida	# M		INSTI	RUCTIONS on who must is form and how to fill it out on page 3.
		***************************************		ОТНЕ	ER FORMS you may need 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 INTANGIE	BLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Law Firm Partnership	Pavese La	Pavese Law Firm, P.O. Drawer 1507, Fort Myers, FL 33902				
English Family Ltd Par	tnership P.O. Box	P.O. Box 1020, Fort Myers, FL 33902				
PART E — LIABILITIES (Major de (If you have nothing t	ebts] o report, you must write "none" or	'n/a")				
NAME OF CREDI		ADDRESS OF CREDITOR				
NationStar	P.O. Box	P.O. Box 650783, Dallas, TX 75265				
Wells Fargo	D 1118-0	D 1118-026 1525 W. WT Harris Blvd. Charlotte, NC 28262				
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")						
\ii you navo notig to	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 3390	2 P.O. Drawer 1507, Ft. Myers, FL 33902	p5-			
PRINCIPAL BUSINESS ACTIVITY	Agriculture	Law Firm	Francis F <sub>rancis</sub> 1			
POSITION HELD WITH ENTITY	Limited Partner	Attorney				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	ą			
NATURE OF MY OWNERSHIP INTEREST	Limited Partner	Partner	Ch Ly			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):  DATE SIGNED (required):						

# 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.

<u>F4LING\_INSTRUCTIONS:</u>

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

# TINESHIOSECHE Lee Cofi

# TRANSMITTAL MEMORANDUM

To:

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

From:

Katherine R. English

Date:

June 28, 2011

Re:

Statement of Financial Interests Form - Pine Air Lakes CDD

Please find enclosed for filing my 2010 Statement of Financial Interests form for the Pine Air Lakes CDD.

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