FORM 1		STATEMENT OF			2010
Please print or type your name, mailing address, agency name, and position be	low:	FINANCIAL	INTERE	ESTS	
LAST NAME FIRST NAME MIDI Gibbs M MAILING ADDRESS : 5785 Trailwinds	ary L	·		FOR OFFIC USE ONLY	Y: /
				}	
CITY : Fort Myers NAME OF AGENCY :	ZIP 3		ee County		10 No. 27
Lee County Dept. of Community Development NAME OF OFFICE OR POSITION HELD OR SOUGHT :				:	ID No.
Director You are not limited to the space on the CHECK ONLY IF CANDIDATE		is form. Attach additional sheets,			
A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 201 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER	FINANCI LOW WH 0 <u>1</u> RTABLE II RS THE (5, OR US E STATE	ETHER THIS STATEMENT IS <u>OR</u> SPECIFY NTERESTS: DPTION OF USING REPORT ING COMPARATIVE THRESH BELOW WHETHER THIS STA	ECEDING TAX YEAR FOR THE PRECEDIN TAX YEAR IF OTHER FING THRESHOLDS IOLDS, WHICH ARE ITEMENT REFLECTS	R, WHETHER NG TAX YEA R THAN THE S THAT ARE S USUALLY E S EITHER (m	R BASED ON A CALENDAR YEAR OR ON AR ENDING EITHER (must check one): CALENDAR YEAR: E ABSOLUTE DOLLAR VALUES, WHICH BASED ON PERCENTAGE VALUES (see nust check one): UE THRESHOLDS
PART A PRIMARY SOURCES OF (If you have nothing to re		[Major sources of income to th u must write "none" or "n/a")			
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Lee Co. Government 1500 Monroe Street, Fort Mye		eet, Fort Myers			
(If you have nothing to n NAME OF BUSINESS ENTITY	eport, yo NAMI	E UNIT Customers, crients, ou must write "none" or "n/a" E OF MAJOR SOURCES BUSINESS' INCOME	ADDRE	ESS	PRINCIPAL BUSINESS
N/A					
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
N/A				li fi	are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
				0	OTHER FORMS you may need to file 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 INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES CAP Account Wachovia CD Edison Bank CD Sun Trust PART E LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a") NAME OF CREDITOR ADDRESS OF CREDITOR		
CAP Account Wachovia CD Edison Bank CD Sun Trust PART E – LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a") NAME OF CREDITOR		
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N/A	DDRESS OF CREDITOR	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of pusinesses] (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 N/A		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% 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): 5/23/11	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 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 the beginning of end that location. 	WHEN TO FILE: Initially, each local officer/employee, stat officer, and specified state employee mus file within 30 days of the date of his or he appointment or of the beginning of employ ment. Appointees who must be confirmed be the Seante must file prior to confirmed be	

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.

nently 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.

if that is less th appointment.

Candidates for publicly-elected local offic must file at the same time they file the qualifying papers.

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

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

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