

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME - FIRST NAME - MIDDLE NAME:

GIBSON, RONALD EDWARD

MAILING ADDRESS:

P.O. Box 456

CITY:

CAPTIVA

ZIP:

33924

COUNTY:

LEE

NAME OF AGENCY:

COMMUNITY SECTOR PLANNING COMMITTEE

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

1010103110108265NE Lee Co FL

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****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 (check one)



DECEMBER 31, 2009

OR



SPECIFY 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 (check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR 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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SOCIAL SECURITY		
INVESTMENTS STOCK	STOCK - DIVIDEND	

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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
/			

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.

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 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
 	
 	
 	
 	

PART E -- LIABILITIES [Major debts]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
 	
 	
 	

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	 	 	
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):

B. Onchel

DATE SIGNED (required):

April 14, 2010

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.

RONALD E GIBSON
16171 CAPTIVA DRIVE
CAPTIVA FL 33924

APRIL 14, 2010

CAPTIVA COMMUNITY PANEL

I AM WRITING YOU TO OFFICIALLY TENDER MY RESIGNATION AS PANEL MEMBER OF THE
CAPTIVA COMMUNITY PLANNING COMMITTEE EFFECTIVE APRIL 30, 2010

I WAS APPOINTED BY PANEL MEMBERS IN 2001 AND I HAVE ENJOYED MY TIME AND SERVICE TO THE
COMMUNITY.

WHEN AVAILABLE I WILL HELP AS NEEDED.

I AM ATTACHING FORM 1 FOR 2009 AND FORM 1-F FOR 2010 AND TRUST YOU WILL FORWARD TO
SUPERVISOR OF ELECTIONS

I WILL MAIL TO THEM
DIRECTLY

RESPECTFULLY YOURS



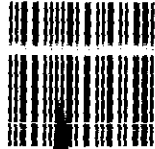
RON GIBSON

FAX TO KEN Gooderham
489-9917

10AUG31PM092659E Lee Co FL



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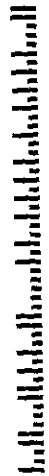


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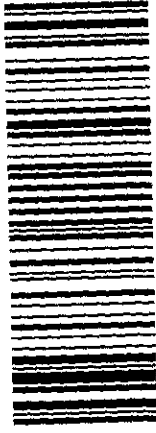
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CERTIFIED MAIL™
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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SUPERVISOR OF ELECTIONS
P.O. BOX 2545
FORT MYERS FL 33902-2545

Sharon L. Harrington
Supervisor of Elections
LEE COUNTY

CONSTITUTIONAL COMPLEX
P.O. BOX 2545
FORT MYERS, FLORIDA 33902

109UG31R08@SNE L#b Co FL