FORM 1

STATEMENT OF

2009

Please print or type your name, mailing			
address, agency name, and position below:	FINANCIAL I	NTERESTS	
LAST NAME FIRST NAME MIDDLE NAME	Ε:	FOR OFF	· ·
Gillis Mark John		USE ONL	
5849 Tallowood Circle	!		
•			ID Code ID No. Conf. Code P. Req. Code
CITY: ZIP Fort Myers 339	COUNTY:		ID No.
NAME OF AGENCY :			產
Tern Bay Community Dev	velopment District		Conf. Code
NAME OF OFFICE OR POSITION HELD OR SOUGHT:			P. Req. Code
Supervisor, Tern Bay (
You are not limited to the space on the lines on the			
CHECK ONLY IF CANDIDATE OR	NEW EMPLOYEE OR APPO	DINTEE	
	BOTH PARTS OF THIS SECTION	MUST BE COMPLETED**	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANC A FISCAL YEAR. PLEASE STATE BELOW WH	IAL INTERESTS FOR THE PRECE IETHER THIS STATEMENT IS FOI	EDING TAX YEAR, WHETHE R THE PRECEDING TAX YEA	R BASED ON A CALENDAR YEAR OR ON AR ENDING EITHER (check one):
DECEMBER 31, 2009	OR 🔲 SPECIFY TAX	YEAR IF OTHER THAN THE	E CALENDAR YEAR:
MANNER OF CALCULATING REPORTABLE IN THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR US instructions for further details). PLEASE STATE	OPTION OF USING REPORTING ING COMPARATIVE THRESHOLI	DS, WHICH ARE USUALLY	BASED ON PERCENTAGE VALUES (see
COMPARATIVE (PERCENTAGE) THRE		_	LUE THRESHOLDS
PART A PRIMARY SOURCES OF INCOME (If you have nothing to report, you		eporting person]	
NAME OF SOURCE OF INCOME	SOURCE ADDRES		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
	•	SS	
OF INCOME	ADDRES	on Blvd. C	PRINCIPAL BUSINESS ACTIVITY
OF INCOME David Plummer &	ADDRES	on Blvd. C	PRINCIPAL BUSINESS ACTIVITY consulting Civil
OF INCOME David Plummer &	1750 Ponce de Lec Coral Gables, FL	on Blvd. C 33134 vd. #200	PRINCIPAL BUSINESS ACTIVITY consulting Civil
OF INCOME David Plummer & Associates PART B SECONDARY SOURCES OF INCOME	ADDRES 1750 Ponce de Lec Coral Gables, FL 2271 McGregor Bl Fort Myers, FL 3 ME [Major customers, clients, and	on Blvd. C 33134 vd. #200	PRINCIPAL BUSINESS ACTIVITY Consulting Civil Engineers
OF INCOME David Plummer & Associates PART B SECONDARY SOURCES OF INCO (If you have nothing to report, you	ADDRES 1750 Ponce de Leo Coral Gables, FL 2271 McGregor Bl Fort Myers, FL 3 OME [Major customers, clients, and our must write "none" or "n/a")	on Blvd. C 33134 vd. #200 3901 d other sources of income to b	PRINCIPAL BUSINESS ACTIVITY Consulting Civil Engineers Dusinesses owned by the reporting person]
OF INCOME David Plummer & Associates PART B SECONDARY SOURCES OF INCO (If you have nothing to report, you name of NAME OF NAME)	ADDRES 1750 Ponce de Lec Coral Gables, FL 2271 McGregor Bl Fort Myers, FL 3 ME [Major customers, clients, and	on Blvd. C 33134 vd. #200	PRINCIPAL BUSINESS ACTIVITY Consulting Civil Engineers
OF INCOME David Plummer & Associates PART B SECONDARY SOURCES OF INCO (If you have nothing to report, you have nothing to report.	ADDRES 1750 Ponce de Lec Coral Gables, FL 2271 McGregor Bl Fort Myers, FL 3 OME [Major customers, clients, and our must write "none" or "n/a") E OF MAJOR SOURCES	on Blvd. C 33134 vd. #200 3901 d other sources of income to b	PRINCIPAL BUSINESS ACTIVITY Consulting Civil Engineers Dusinesses owned by the reporting person] PRINCIPAL BUSINESS
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OF INCOME David Plummer & Associates PART B SECONDARY SOURCES OF INCO (If you have nothing to report, you have nothing to report, you have nothing to report) NAME OF NAME OF SEE Attachment 1	ADDRES 1750 Ponce de Lec Coral Gables, FL 2271 McGregor Bl Fort Myers, FL 3 DME [Major customers, clients, and ou must write "none" or "n/a") E OF MAJOR SOURCES BUSINESS' INCOME	on Blvd. C 33134 vd. #200 3901 d other sources of income to b	PRINCIPAL BUSINESS ACTIVITY Consulting Civil Engineers Dusinesses owned by the reporting person] PRINCIPAL BUSINESS
OF INCOME David Plummer & Associates PART B - SECONDARY SOURCES OF INCO (If you have nothing to report, you have nothing to report, you have nothing to report) See Attachment 1 PART C - REAL PROPERTY [Land, buildings (If you have nothing to report, you	ADDRES 1750 Ponce de Lec Coral Gables, FL 2271 McGregor Bla Fort Myers, FL 3 DME (Major customers, clients, and ou must write "none" or "n/a") E OF MAJOR SOURCES BUSINESS' INCOME	on Blvd. 33134 vd. #200 3901 other sources of income to be ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY Consulting Civil Engineers Dusinesses owned by the reporting person] PRINCIPAL BUSINESS
OF INCOME David Plummer & Associates PART B SECONDARY SOURCES OF INCO (If you have nothing to report, you ha	ADDRES 1750 Ponce de Lec Coral Gables, FL 2271 McGregor Bla Fort Myers, FL 3 DME (Major customers, clients, and ou must write "none" or "n/a") E OF MAJOR SOURCES BUSINESS' INCOME	on Blvd. C 33134 vd. #200 3901 d other sources of income to be ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY Consulting Civil Engineers Dusinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
OF INCOME David Plummer & Associates PART B - SECONDARY SOURCES OF INCO (If you have nothing to report, you have nothing to report, you have nothing to report) See Attachment 1 PART C - REAL PROPERTY [Land, buildings (If you have nothing to report, you	ADDRES 1750 Ponce de Lec Coral Gables, FL 2271 McGregor Bla Fort Myers, FL 3 DME (Major customers, clients, and ou must write "none" or "n/a") E OF MAJOR SOURCES BUSINESS' INCOME	on Blvd. 33134 vd. #200 3901 Jother sources of income to be ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY Consulting Civil Engineers Dusinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when and where to file this form
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		والمسابق وال	
	AL PROPERTY [Stocks, bonds, certif report, you must write "none" or "		
TYPE OF INTANGIBI	LE	BUSINESS ENTITY TO WHICH TH	E PROPERTY RELATES
See Attachment 2			
PART E — LIABILITIES [Major det (If you have nothing to	ots] report, you must write "none" or "	n/a")	
NAME OF CREDIT	OR	ADDRESS OF CR	EDITOR
N/A			
PART F INTERESTS IN SPECIFIE	D BUSINESSES [Ownership or posite port, you must write "none" or "n/a	ions in certain types of businesses]	
(ii you have nothing to i	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	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 CONTINUE	D ON A SEPARATE SHEET, P	LEASE CHECK HERE
SIGNATURE (required):	11/1///	DATE SIGNED	(required): 6/2/2010
		CORTICONO	

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.

FILING INSTRUCTIONS:

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.

10JUN03m10715NE Lee Co F1

ATTACHMENT 1

MARK J. GILLIS FORM 1. STATEMENT OF FINANCIAL INTERESTS PART B – SECONDARY SOURCES OF INCOME - 2009

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
David Plummer & Associates	Babcock Property Holdings	Kitson Babcock LLC 17837 Murdock Circle Port Charlotte, FL 33948	Land Development
	Flagler Development Group	2855 LeJeune Road 4 th Floor Coral Gables, FL 33134	Land Development
	Miami-Dade County MPO	Office of County Manager 111 NW First Street Suite 910 Miami, FL 33128	Government - Transportation Planning

10JUN03m1071SNE Lee CoF1

ATTACHMENT 2

MARK J. GILLIS FORM 1. STATEMENT OF FINANCIAL INTERESTS PART D- INTANGIBLE PERSONAL PROPERTY - 2009

TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Certificates of Deposit IronStone Bank

Certificates of Deposit Fifth Third Bank

Stock David Plummer & Associates

Mutual Funds – 401K CPI, Inc.

FORM 1		STATEM	ENT OF			2009
Please print or type your name, mailing address, agency name, and position belongers.	ow:	FINANCIAL	INTERE	ESTS		
LAST NAME FIRST NAME MIDD	LE NAME	:		FOR OFFIC	E	/
Gillis Mark	John			USE ONLY:		/ 2
MAILING ADDRESS:		· · · · · · · · · · · · · · · · · · ·				/
5849 Tallowood C	ircle					+ + + +
	-				ID Co	10JUN03009₹15NE Lee Co F1
Fort Myers	ZIP: 339	COUNTY: 19 Lee			ID No	
NAME OF AGENCY :					Conf	Code C
City of Fort Mye						ž
NAME OF OFFICE OR POSITION HI Planning Board M				ļ '	P. Re	q. Code
You are not limited to the space on the l	ines on thi	s form. Attach additional sheets,	if necessary.			
CHECK ONLY IF CANDIDATE	OR	NEW EMPLOYEE OR AF	POINTEE			j
DISCLOSURE PERIOD:	**E	OTH PARTS OF THIS SECTION	ON MUST BE COM	PLETED**		
THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE	FINANCI LOW WH	ETHER THIS STATEMENT IS	ECEDING TAX YEAR FOR THE PRECEDI	R, WHETHER NG TAX YEAF	BASE R END	D ON A CALENDAR YEAR OR ON DING EITHER (check one):
DECEMBER 31, 200	9 9	OR SPECIFY T	TAX YEAR IF OTHE	R THAN THE	CALE	NDAR YEAR:
MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	RS THE (OPTION OF USING REPORT NG COMPARATIVE THRESH	IOLDS, WHICH ARE	E USUALLY B	ASED	ON PERCENTAGE VALUES (see
COMPARATIVE (PERCENTAG	E) THRES	SHOLDS <u>OR</u>		OOLLAR VALU	IE THI	RESHOLDS
PART A - PRIMARY SOURCES OF (If you have nothing to re		[Major sources of income to the must write "none" or "n/a")				,
NAME OF SOURCE OF INCOME			RCE'S RESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
David Plummer &		1750 Ponce de I	eon Blvd.	Co	Consulting Civil	
Associates		Coral Gables, H		-	Engineers	
		2271 McGregor Blvd. #200			Diigineerb	
		Fort Myers, FL				
PART B - SECONDARY SOURCES			and other sources o	f income to bu	sines	ses owned by the reporting person]
NAME OF BUSINESS ENTITY	NAM	E OF MAJOR SOURCES BUSINESS' INCOME	ADDR OF SOL			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See Attachment 1						
· · · · · · · · · · · · · · · · · · ·						
PART C REAL PROPERTY [Land, (If you have nothing to re		owned by the reporting persor must write "none" or "n/a")		v	vhen	IG INSTRUCTIONS for and where to file this form
N/A						cated at the bottom of page 2.
	······································			fi	le th	RUCTIONS on who must is form and how to fill it out on page 3.
					тн	ER FORMS you may need
				t	o file	are described on page 6.

PART D — INTANGIBLE PERSONA (If you have nothing to r	L PROPERTY [Stocks, bonds, certification of the control of the con	cates of deposit, etc.]	
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH T	HE PROPERTY RELATES
See Attachment 2			1201100
PART E — LIABILITIES [Major debts	s] eport, you must write "none" or "r	1/2**	
NAME OF CREDITO		ADDRESS OF C	
N/A		ADDRESS OF CI	REDITOR
.,,			
			
PART F INTERESTS IN SPECIFIED (If you have nothing to rep	BUSINESSES [Ownership or positiont, you must write "none" or "n/a" BUSINESS ENTITY # 1	ons in certain types of businesses] ") BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
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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 TH	IROUGH FARE CONTINUE	D ON A SEPARATE SHEET, P	LEASE CHECK HERE
SIGNATURE (required):	1/4/6	DATE SIGNED	O (required): 6/2/2010
	FILING IN	STRUCTIONS:	
14814T TO PU E.			151 55 51 5

WHA! IO FILE:

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*10JUNO3AMO9#1SNELee CoF1

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	Miami-Dade County MPO	Office of County Manager 111 NW First Street Suite 910 Miami, FL 33128	Government - Transportation Planning

*10JUNO3#109#15NE Lee CoF1

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Certificates of Deposit Fifth Third Bank

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