FORM 1		STATEM	ENT OF		2010
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERESTS	S	
LAST NAME FIRST NAME MIDD	LE NAME	:	FOR O	FFICE	
	John		USE O		β
MAILING ADDRESS :					氢
5849 Tallowood (	Circle	<u> </u>	<del></del> -	$\sqrt{-2}$	ede 🚆
					11JUNOSAMO9922SNE
CITY:	ZIP :	COUNTY:			<b>J</b> Ö
	33919	Lee		IDN	io. <u>É</u>
NAME OF AGENCY :					8
See Exhibit 1				Con	f. Code
NAME OF OFFICE OR POSITION HE	ELD OR S	OUGHT:		l P.R	eq. Code
See Exhibit 1					
You are not limited to the space on the I CHECK ONLY IF  CANDIDATE	OR	NEW EMPLOYEE OR AF	•		
	**[	BOTH PARTS OF THIS SECTION	ON MUST BE COMPLETED"		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE	LOW WH	ETHER THIS STATEMENT IS	FOR THE PRECEDING TAX Y	EAR EN	DING EITHER (must check one):
DECEMBER 31, 201	0 9	OR  SPECIFY 1	TAX YEAR IF OTHER THAN T	HE CALE	ENDAR YEAR:
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS Instructions for further details). PLEAS	S THE (	OPTION OF USING REPORT NG COMPARATIVE THRESH	OLDS, WHICH ARE USUALL	Y BASEI	D ON PERCENTAGE VALUES (see
COMPARATIVE (PERCENTAG	E) THRES	SHOLDS <u>OR</u>	DOLLAR V	ALUE TH	IRESHOLDS
PART A PRIMARY SOURCES OF (If you have nothing to re	INCOME	[Major sources of income to the must write "none" or "n/a")	e reporting person)		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
David Plummer &		1750 Ponce de Leon Blvd.		Consulting Civil	
Associates, Inc	c	Coral Gables, FL 33134		Engineers	
		2149 McGregor E	Gregor Blvd.		
		Fort Myers, FL	33901		
PART B SECONDARY SOURCES	OF INCO			o busines	ses owned by the reporting person?
(If you have nothing to r	eport , yo	u must write "none" or "n/a"	)		
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See Exhibit 2					
					<del> </del>
<del></del>					
PART C REAL PROPERTY [Land,	huildises	owned by the receiver	,		
(If you have πothing to re	port, you		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
N/A					
<del></del>				file th	RUCTIONS on who must is form and how to fill it out on page 3.
		· · · · · · · · · · · · · · · · · · ·		отн	ER FORMS you may need
	<del></del> .				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 INTANGIBI	E	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
See Exhibit 3							
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF CREDIT	OR	ADDRESS OF CREDITOR					
N/A	,						
			·				
PART F — INTERESTS IN SPECIFIE	D BUSINESSES [Ownership or peport, you must write "none" or	ositions in certain types of businesses]					
(, 500 1 1	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 CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required):  L(7/20 //							

6/1/2011

### 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.

FILING INSTRUCTIONS:

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, sta officer, and specified state employee mi file within 30 days of the date of his or I appointment or of the beginning of emple ment. Appointees who must be confirmed the Senate must file prior to confirmation, ev if that is less than 30 days from the date of th appointment.

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

Thereafter, local officers/employees, st officers, and specified state employees re required to file by July 1st following each calendar year in which they hold their p tions.

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

## **EXHIBIT 1**

## MARK J. GILLIS FORM 1. STATEMENT OF FINANCIAL INTERESTS - 2010 AGENCY / POSITION

**POSITION #1:** 

NAME OF AGENCY:

City of Fort Myers Planning Board

NAME OF POSITION HELD:

Planning Board Member

**POSITION #2:** 

NAME OF AGENCY:

Tern Bay Community Development District

NAME OF POSITION HELD:

Supervisor

## **EXHIBIT 2**

# MARK J. GILLIS FORM 1. STATEMENT OF FINANCIAL INTERESTS – 2010 PART B – SECONDARY SOURCES OF INCOME

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS <u>ACTIVITY OF SOURCE</u>
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 <sup>th</sup> Floor Coral Gables, FL 33134	Land Development  Land Development  Land Development
	Codina Partners	135 San Lorenzo Avenue Suite 750 Coral Gables, FL 33146	
	Florida DOT	FDOT District 6 1000 NW 111 Avenue Miami, FL 33172	Government - ## Transportation G

## **EXHIBIT 3**

## MARK J. GILLIS FORM 1. STATEMENT OF FINANCIAL INTERESTS - 2010 PART D- INTANGIBLE PERSONAL PROPERTY

### TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Certificates of Deposit IronStone Bank

Certificates of Deposit Fifth Third Bank

Certificates of Deposit Florida Gulf Bank

Stock David Plummer & Associates

Mutual Funds – 401K CPI, Inc.