FINANCIAL INTERESTS  LAST NAME - FIRST NAME - MIDDLE NAME:  STAP - MILLIA PREVIOUS - FIRST NAME - MIDDLE NAME:  STAP - MILLIA PREVIOUS - FIRST NAME - MIDDLE NAME:  STAP - MILLIA PREVIOUS - STAP - 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 "nome" or "Na")  PART C - REAL PROPERTY (Land, buildings owned by the reporting person)  (If you have nothing to report, you must write "nome" or "nia")  PART C - REAL PROPERTY (Land, buildings owned by the reporting person)  (If you have nothing to report, you must write "nome" or "nia")  PART C - REAL PROPERTY (Land, buildings owned by the reporting person)  (If you have nothing to report, you must write "nome" or "nia")  PART C - REAL PROPERTY (Land, buildings owned by the reporting person)  (If you have nothing to report, you must write "nome" or "nia")  PART C - REAL PROPERTY (Land, buildings owned by the reporting person)  (If you have nothing to report, you must write "nome" or "nia")  PART C - REAL PROPERTY (Land, buildings owned by the reporting person)  (If you have nothing to report, you must write "nome" or "nia")  PART C - REAL PROPERTY (Land, buildings owned by the reporting person)  (If you have nothing to report, you must write "nome" or "nia")  PART C - REAL PROPERTY (Land, buildings owned by the reporting person)  (If you have nothing to report, you must write "nome" or "nia")  PART C - REAL PROPERTY (Land, buildings owned by the reporting person)  (If you have nothing to report, you must write "nome" or "nia")  PART D - 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 "nome" or "nia")  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 "nome" or "nia")  PART B - SECONDARY	FORM 1	STATEM	ENT OF		200	)9	
STALL WILHELY  MALING ADDRESS:  393 Hidden Acres Cr.  JP: COUNTY:  NAME OF AGENCY:  Lee County Styles on the lines on this form attach addition of season;  NAME OF AGENCY:  Lee County Styles on the lines on this form attach addition of season;  NAME OF AGENCY:  Lee County Styles on the lines on this form attach addition of season;  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  TO JUNE PERIOD:  "BOTH PARTS OF THIS SECTION MUST BE COMPLETED"  THIS STATEMENT REFLICETS YOUR PINANCIAL 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 ETHER Chock one):  DESCLOSURE PERIOD:  THIS STATEMENT REFLICETS YOUR PINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR ELOW SHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING ETHER Chock one):  DESCLOSURE PERIOD:  THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING ETHER CHOCK one):  DESCLOSURE PERIOD:  THIS STATEMENT IS FOR THE PRECEDING THAN YEAR.  MANNER OF CALCULATIONS OR USING COMPRIANTIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see inschooling to the properting period)  THE LEGISLATIVE PERCENTAGE) THRESHOLDS  BATT - PERMAY SOURCES OF INCOME [Major sources of income to the reporting period]  (If you have nothing to report, you must write "none" or "nia")  NAME OF SOURCE  OF INCOME  PART B - SECONDARY SOURCES OF INCOME [Major ourstomers, clients, and other sources of income to businesses owned by the reporting period]  (If you have nothing to report, you must write "none" or "nia")  NAME OF SOURCE OF INCOME [Major ourstomers, clients, and other sources of income to businesses owned by the reporting period]  (If you have nothing to report, you must write "none" or "nia")  NAME OF SOURCES OF INCOME [Major ourstomers, clients, and other sources of income to businesses owned by the reporting period]  PART - PEAL PROPERTY (Land, buildings owned by th		FINANCIAL	INTEREST	S		·	
MAILING ADDRESS:  393 Hoden Acres Car.  ID Code  CITY:  N.F. Myers 33903 Lee  NAME OF AGENCY:  Lee County Smart Growth Committee  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  We'NE' Whe Code  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  We'NE' Whe Code  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  WE'NE' WHE PRIOCED HELD OR SOUGHT:  WE'NE' WHE CODE  INSTITUTE CANDIDATE OR NEW EMPLOYED OR APPOINTEE  BOTH PARTS OF THIS ECTION MUST BE COMPLETED*  TO BECLOSURE PERIOD:  IHS 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):  TO DECEMBER 31, 2009 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR.  MANNER OF CALCULATION, SOR 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):  THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DETAILS WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details), PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  DOLLAR VALUE THRESHOLDS  PART A - PRIMARY SOURCES OF INCOME [Major sources of income to that reporting person]  (If you have nothing to report, you must write "none" or "nia")  NAME OF SOURCE  OF INCOME  OF BUSINESS INCOME  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 "nia")  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 "nia")  PART C - REAL PROPERTY [Land, buildings owned by the reporting person]  (If you have nothing to report, you must write "none" or "nia")  PART C - REAL PROPERTY [Land, buildings	LAST NAME FIRST NAME MIDDLE NAME	ME:					
ID Code	Gray Whitney		USE O	NLY:			
CITY:    ZP:   COUNTY:		Chr					
NAME OF GORDER  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  WE'VINDET  VOU are not limited to the space on the lines on this form. Attach additional speets, if necessary.  CHECK ONLY IF CANDIDATE OR NEW EMPLOYED OR APPOINTEE  PROTECTION MUST BE COMPLETED*  DISCLOSURE PERIOD:  THIS STATEMENT REPLECTS 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 ETHER (check one).  DECEMBER 31, 2009 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR.  THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see institutions for individe deals). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS ETHER CHOSEN ON).  COMPARATIVE (PERCENTAGE) THRESHOLDS  DATE A - PERMAYE 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 "nia")  NAME OF SOURCE SOURCE SOURCES PRINCIPAL BUSINESS ACTIVITY  NAME OF MOME ADDRESS PRINCIPAL BUSINESS ACTIVITY  NAME OF MOME 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 "nia")  NAME OF SOURCE OF SOURCE PRINCIPAL BUSINESS INCOME  PART A - PERLAP ROPERTY [Land, buildings owned by the reporting person] (if you have nothing to report, you must write "none" or "nia")  PART C - REAL PROPERTY [Land, buildings owned by the reporting person] (if you have nothing to report, you must write "none" or "nia")  PART C - REAL PROPERTY [Land, buildings owned by the reporting person] (if you have nothing to report, you must write "none" or "nia")  PART C - REAL PROPERTY [Land, buildings owned by the reporting person] (if you have nothing to report, you must write "none"	3131 Modern Modes	<u> </u>		ID Cod	de		
NAME OF GORDER  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  WE'VINDET  VOU are not limited to the space on the lines on this form. Attach additional speets, if necessary.  CHECK ONLY IF CANDIDATE OR NEW EMPLOYED OR APPOINTEE  PROTECTION MUST BE COMPLETED*  DISCLOSURE PERIOD:  THIS STATEMENT REPLECTS 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 ETHER (check one).  DECEMBER 31, 2009 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR.  THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see institutions for individe deals). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS ETHER CHOSEN ON).  COMPARATIVE (PERCENTAGE) THRESHOLDS  DATE A - PERMAYE 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 "nia")  NAME OF SOURCE SOURCE SOURCES PRINCIPAL BUSINESS ACTIVITY  NAME OF MOME ADDRESS PRINCIPAL BUSINESS ACTIVITY  NAME OF MOME 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 "nia")  NAME OF SOURCE OF SOURCE PRINCIPAL BUSINESS INCOME  PART A - PERLAP ROPERTY [Land, buildings owned by the reporting person] (if you have nothing to report, you must write "none" or "nia")  PART C - REAL PROPERTY [Land, buildings owned by the reporting person] (if you have nothing to report, you must write "none" or "nia")  PART C - REAL PROPERTY [Land, buildings owned by the reporting person] (if you have nothing to report, you must write "none" or "nia")  PART C - REAL PROPERTY [Land, buildings owned by the reporting person] (if you have nothing to report, you must write "none"		COLINEY					
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED**  ***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):  ***PROTECTION OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE PROTECTION OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE STATEMENT OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE STATEMENT OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE STATEMENT OF THE PROTECTION OF THE SHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see Instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  ***PROTECTION OF THE SOURCES OF INCOME [Major sources of income to the reporting person]  ***PROTECTION OF THE SOURCES OF INCOME [Major sources of income to the reporting person]  ***PROTECTION OF THE SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]  ***PROTECTION OF THE SOURCES OF SOURCE OF SOURCES OF SOURC	N.Ft. Myers 33			ID No.		10906	
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED**  ***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):  ***PROTECTION OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE PROTECTION OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE STATEMENT OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE STATEMENT OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE STATEMENT OF THE PROTECTION OF THE SHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see Instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  ***PROTECTION OF THE SOURCES OF INCOME [Major sources of income to the reporting person]  ***PROTECTION OF THE SOURCES OF INCOME [Major sources of income to the reporting person]  ***PROTECTION OF THE SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]  ***PROTECTION OF THE SOURCES OF SOURCE OF SOURCES OF SOURC		owth Committee		Conf. (	Code	04 <del>0</del>	
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED**  ***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):  ***PROTECTION OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE PROTECTION OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE STATEMENT OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE STATEMENT OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE STATEMENT OF THE PROTECTION OF THE SHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see Instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  ***PROTECTION OF THE SOURCES OF INCOME [Major sources of income to the reporting person]  ***PROTECTION OF THE SOURCES OF INCOME [Major sources of income to the reporting person]  ***PROTECTION OF THE SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]  ***PROTECTION OF THE SOURCES OF SOURCE OF SOURCES OF SOURC	NAME OF OFFICE OR POSITION HELD OF			P. Req	. Code	10	
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED**  ***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):  ***PROTECTION OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE PROTECTION OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE STATEMENT OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE STATEMENT OF THE PRECEDING TAX YEAR ENDING EITHER (check one):  ***PROTECTION OF THE STATEMENT OF THE PROTECTION OF THE SHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see Instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  ***PROTECTION OF THE SOURCES OF INCOME [Major sources of income to the reporting person]  ***PROTECTION OF THE SOURCES OF INCOME [Major sources of income to the reporting person]  ***PROTECTION OF THE SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]  ***PROTECTION OF THE SOURCES OF SOURCE OF SOURCES OF SOURC		this form Attach additional sheets, i	f necessary.			<u> </u>	
DISCLOSURE PERIOD: THIS STATEMENT REPLECTS 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		<b>\</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				E E	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR 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 ASSOLUTE DOLLAR VALUES, WHICH RECUIRES 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  DECEMBER 31, VICTOR (If you have nothing to report, you must write "none" or "n'a")  NAME OF SOURCE SOURCE SOURCES DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  SWIFRC 1926 Victoria Ave, FT Myers 33901 Regional Planning Person (If you have nothing to report, you must write "none" or "n'a")  NAME OF NAME OF MAJOR 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 SURCES PRINCIPAL BUSINESS ACTIVITY OF SOURCE OF BUSINESS INCOME OF SOURCE 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")  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.		**BOTH PARTS OF THIS SECTIO	N MUST BE COMPLETED	**		o)	
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  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  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 SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]  NAME OF MAJOR SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]  NAME OF MAJOR SOURCES OF SOURCE OF SOURCE  PRINCIPAL BUSINESS  PRINCIPAL BUSINESS  PRINCIPAL BUSINESS  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")  PART C - REAL PROPERTY [Land, buildings owned by the reporting person]  (If you have nothing to report, you must write "none" or "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")  PART C - REAL PROPERTY [Land, buildings owned by the reporting person]  (If you have nothing to report, you must write "none" or "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")  PART C - REAL PROPERTY [Land, buildings owned by the reporting person]  (If you have nothing to report, you must write "none" or "n/a")  PART C - REAL PROPERTY [Land,	THIS STATEMENT REFLECTS YOUR FINAN A FISCAL YEAR. PLEASE STATE BELOW W	/HETHER THIS STATEMENT IS F	OR THE PRECEDING TAX	YEAR ENDI	NG EITHER (check one):		
THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING 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  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  OF INCOME  OF INCOME  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 MAJOR SOURCES OF BUSINESS INCOME  OF BUSINESS ENTITY  OF BUSINESS INCOME  PART C - REAL PROPERTY [Land, buildings owned by the reporting person]  (If you have nothing to report, you must write "none" or "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")  PART C - REAL PROPERTY [Land, buildings owned by the reporting person]  (If you have nothing to report, you must write "none" or "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")  PART C - REAL PROPERTY [Land, buildings owned by the reporting person]  (If you have nothing to report, you must write "none" or "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")  WHITTERSHOLDS  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE  INSTRUCTIONS on who must file this form and how to fill it out begin 01 page 3.	DECEMBER 31, 2009	OR SPECIFY TA	AX YEAR IF OTHER THAN	THE CALENI	DAR YEAR:		
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  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 NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY  OF BUSINESS' INCOME  PART C - REAL PROPERTY [Land, buildings owned by the reporting person]  (If you have nothing to report, you must write "none" or "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 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.	THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR U	OPTION OF USING REPORTI USING COMPARATIVE THRESHO	DLDS, WHICH ARE USUAL EMENT REFLECTS EITHE	LY BASED ( R (check one	ON PERCENTAGE VALU 9):	WHICH E\$ (see	
(If you have nothing to report, you must write "none" or "n/a")  NAME OF SOURCE OF INCOME  1926 Victoria Ave, Ft. Myers 33901  PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]  NAME OF NAME OF NAME OF BUSINESS INCOME BUSINESS ENTITY  PART C - REAL PROPERTY [Land, buildings owned by the reporting person]  (If you have nothing to report, you must write "none" or "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")  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.	COMPARATIVE (PERCENTAGE) THE	ESHOLDS <u>OR</u>	U DOLLAR	VALUE THRI	ESHOLDS		
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]  NAME OF NAME OF MAJOR SOURCES OF BUSINESS' INCOME  PART C REAL PROPERTY [Land, buildings owned by the reporting person]  (If you have nothing to report, you must write "none" or "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 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.	PART A PRIMARY SOURCES OF INCOM (If you have nothing to report, y	E [Major sources of income to the ou must write "none" or "n/a")	reporting person]				
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 NAME OF MAJOR SOURCES OF SOURCE ACTIVITY OF SOURCE  BUSINESS ENTITY OF BUSINESS' INCOME 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.							
(If you have nothing to report , you must write "none" or "n/a")  NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY  OF BUSINESS' INCOME  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.	SWFRPC	1926 Victoria Ave	, Ft. Myers 33901	3901 Regional Planning			
(If you have nothing to report , you must write "none" or "n/a")  NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY  OF BUSINESS' INCOME  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.			·				
(If you have nothing to report , you must write "none" or "n/a")  NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY  OF BUSINESS' INCOME  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.							
(If you have nothing to report , you must write "none" or "n/a")  NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY  OF BUSINESS' INCOME  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.							
NAME OF BUSINESS INCOME  PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")  PART C REAL PROPERTY [Land, buildings owned by the reporting person] 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.	PART B SECONDARY SOURCES OF IN	COME [Major customers, clients, a	and other sources of income	to businesse	s owned by the reporting	person]	
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.	NAME OF NA	ME OF MAJOR SOURCES	ADDRESS	I			
(If you have nothing to report, you must write "none" or "n/a")  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.	BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOU	IRCE	
(If you have nothing to report, you must write "none" or "n/a")  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.		-			<del></del>		
(If you have nothing to report, you must write "none" or "n/a")  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.							
(If you have nothing to report, you must write "none" or "n/a")  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.							
(If you have nothing to report, you must write "none" or "n/a")  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.							
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	PART C REAL PROPERTY [Land, buildin (If you have nothing to report, y	gs owned by the reporting person] ou must write "none" or "n/a")		when a	nd where to file this fo	rm	
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	none						
				file this	form and how to fill it		
B I I LIE K L I I LINY I ANN I WAN				OTHE	. •	need	
OTHER FORMS YOU MAY need							

DADT D. INTANCIDI E DEDCOMAL DOOPERTY (C								
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 INTANGIBL	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
401(K) Grimai			il Crawford, Inc.					
			,					
	<del> </del>			·····				
		<u> </u>						
PART E — LIABILITIES [Major debt (If you have nothing to		rite "none" or "n	/a")					
NAME OF CREDITOR ADDRESS OF CREDITOR								
Wells Fargo Home 1	POBOV	POBOX 10335 Des Moines, IA 50306-0335						
	3.0		, c = c = De	3 TOTAL	1 - 1 - 2 - 3 3 3			
	<del> </del>		-					
PART F — INTERESTS IN SPECIFIED (If you have nothing to re	port, you must write	wnership or position in "none" or "n/a" ENTITY # 1	ons in certain types of bus ) BUSINESS EN		BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	none							
ADDRESS OF BUSINESS ENTITY	none							
PRINCIPAL BUSINESS ACTIVITY	none							
POSITION HELD WITH ENTITY	none							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	none				, <del>, , , , , , , , , , , , , , , , , , </del>			
NATURE OF MY OWNERSHIP INTEREST	noue			:				
IF ANY OF PARTS A TI	HROUGH F ARE	CONTINUE	ON A SEPARATE	SHEET, PLE	ASE CHECK HERE			
SIGNATURE (required):  DATE SIGNED (required):  8/2/10					1			
FILING INSTRUCTIONS:								
WHAT TO FILE:  After completing all parts of this form, including signing and dating it, send back only the first  WHERE TO FILE:  If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for officer, and specified state employee mu								

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.

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.

file within 30 days of the date of his or he appointment or of the beginning of employ ment. Appointees who must be confirmed by the Senate must file prior to confirmation, eve if that is less than 30 days from the date of the appointment.

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

Thereafter, local officers/employees, state officers, and specified state employees ar required to file by July 1st following ead calendar year in which they hold their pos

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



L. Handlahallandahahahalahalah

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



I HOPOPOLITIES COLI