FORM 1	STATEMENT OF	2009				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERES					
LAST NAME FIRST NAME MIDDLE N GREEN JOHN MAILING ADDRESS :	FO	R OFFICE E ONLY:				
<u>21571 INDIAN BA</u> FORT MYERS BEACH CITY:	<u>YOU DRIVE</u> <u>1 33931 LEE</u> ZIP: COUNTY:	ID Code ID No.				
NAME OF OFFICE OR POSITION HELD	+ PUBLIC WORKS DIRECTOR on this form. Attach additional sheets, if necessary.	ID No.				
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						
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 SOURCE'S						
TOWN OF FORT MYERS BER	ADDRESS	PRINCIPAL BUSINESS ACTIVITY				
U.S. COAST GUARD PPC	444 SE QUINCY 57. TOPERA KS	MILITARY SERVICE				
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of (If you have nothing to report, you must write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES ADDR BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCES N/A N/A N/A		PRINCIPAL BUSINESS				
PART C REAL PROPERTY (Land, build (If you have nothing to report, 21571 INDIAN BAYON	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.				

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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						
TRA		ASSET MANAGEMENT SOLUTIONS - FIRST COMMANY BOOK						
MUTUAL FUND ACCOUNT		FIDELITY INVESTMENTS						
DEFERRED COMP (457-B)		ALG RETIREMENT						
			<u> </u>					
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")								
NAME OF CREDITOR		ADDRESS OF CREDITOR						
USAA FEDERAL SAVINGS BANK 4801 FREDERICA ST. OWENSBORD, KY 42301								
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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	NIA		NIA			ALIA		
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 THROU	GH F ARE	CONTINUE	D ON A SEP	ARATE SHE	EET, PLEAS			
SIGNATURE (required):	Q.,	DATE SIGNED (required):						
John W.	heen	6/7/10						
	<u>FIL</u>	<u>ING IN</u>	STRUC	FIONS:				
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 sheet (pages 1 and 2) for filing.If you have nothing to report in a particular section(s).Lo of of ne in hatFacsimiles will not be accepted.Why StateNOTE: 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 fails under, see the "Who Must File" Instructions on page 3. 			<i>Initially</i> , e officer, an file <i>within</i> appointme ment. App the Senate if that is les appointme <i>Candidate</i>	 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. 		
					qualifying p <i>Thereafte</i> , officers, a required t calendar y tions. <i>Finally</i> , at each local specified s final disclo			