FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS



2010

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

(10 22 11222										
LAST NAME FIRST NAME MIDE	E :	NAME OF REPORTING PERSON'S AGENCY:								
GREEN JOHN	INSTON	TOWN OF FORT MYERS BEACH.								
MAILING ADDRESS:			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):							
21571 INDIAN BAYOU DR			☐ LOCAL OFFICER ☐ STATE OFFICER							
		SPECIFIED STATE EMPLOYEE								
CITY: ZIP:		COUNTY:	LIST OFFICE OR POSITION HELD: TOWN MANAGER							
FORT MYERS BEACK	3.	3931 LEE	8							
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2MD AND/THE LAST DATE IN ELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS FEBRUARY 1, 2MD AND/THE LAST DATE IN ELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS FEBRUARY 1, 2MD AND/THE LAST DATE IN ELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS FEBRUARY 1, 2MD AND/THE LAST DATE IN ELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS FEBRUARY 1, 2MD AND/THE LAST DATE IN ELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS FEBRUARY 1, 2MD AND/THE LAST DATE IN ELD THE PUBLIC OFFICE OR EMPLOYMENT DATE IN ELD THE PUBLIC OR EMPLOYMENT DATE IN ELD THE PUBLIC OFFICE OR EMPLOYMENT DATE. **COMPANY OFFICE OR EMPLOYMENT DATE OFFICE OR EMPLOYMENT DATE OFFICE OR EMPLOYMENT DATE. **COMPANY OFFICE OR EMPLOYMENT DATE OFFICE OR EMPLOYMENT DATE. **COMPANY										
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 SOUR			CE'S	RIPTION OF THE SOURCE'S						
OF INCOME	1	ADDRESS			PRINCIPAL BUSINESS ACTIVITY					
TOWN OF FORT MYERS			_	O GOVERNMENT						
IL CONSTGUARD P		444 SE QUINCY	Y 31. IOTENA N	MILITARY SERVICE						
· · · · · · · · · · · · · · · · · · ·										
DART R CECONDARY SOUR	E6 05	NCOME music and a second	No. 1. and 140 and 150	4- F-	in the second by the second by					
PART B — SECONDARY SOURCE (If you have nothing to re		INCOME [Major customers, cl i must write "none" or "n/a"]		JOI OF SHITO.	ishiesses owned by reporting person;					
NAME OF BUSINESS ENTITY		ME OF MAJOR SOURCES IF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE					
N/A	N/A		N/A		NA					
			, , , , , , , , , , , , , , , , , , , ,							
PART C REAL PROPERTY [La (If you have nothing to re	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.									
21571 INDIAN BA	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.									
			Home		ER FORMS you may need to e 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 INTANG	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES										
TRA	ASSET MANAGEMENT SOLUTIONS - FIRST COMMAND BANK										
MUTUAL FUND	FIDELITY INVESTMENTS										
DEFERRED COMP	ACCOUNT (457-8)	AIG RETIREMENT									
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")											
NAME OF CREDI	TOR	ADDRESS OF CREDITOR									
USAA FEDERAL SA	UNICS BANK										
*	e de la companya de l					7 7					
Α*											
PART F - INTERESTS IN SPE				tain types o	of businesses]		,				
(If you have nothing to	report, you must write BUSINESS ENTI			O PARTITUA		DI IONES	DO ENTITY 4 2				
NAME OF	AME OF						BUSINESS ENTITY # 3				
ADDRESS OF	N/A	N/A			7						
PRINCIPAL BUSINESS			 								
POSITION HELD				 -	+						
WITH ENTITY I OWN MORE THAN A 5%				 							
NATURE OF MY			<u> </u>								
OWNERSHIP INTEREST	<u>. </u>										
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE											
SIGNATURE: John W. Leen DATE SIGNED: 6/7/10											
FILING INSTRUCTIONS:											
After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted. WHEN TO FILE: At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 15) within 60 days of leaving		VHERE TO FILE: Local officers: file with the Supervisor of Elections of the county in which you permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) State officers or specified state employments: file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; hysical address: 3600 Maclay Boulevard, Bouth, Suite 201, Tallahassee, FL 32312.			If yo during t have fik this is n though t of your will be a	NOTE: If you are leaving office or employment during the first half of 2010, you may not have filed Form 1 for 2009. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2009 by July 1 of 2010.					

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Form 6.

office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or