FORM 1

STATEMENT OF

FINANCIAL INTERESTS

CONDUCTION OF STRICE

DATE RECEIVED

FOR OFFICE DEC 2 7 2010 USE ONLY:

ID Code

Mr Eric Grill Council Member Cape Coral City Commission 2474 Verdmont Ct Cape Coral FL 33991 -3063

SCANNED

PROCESSED

ID No.

202727

Conf. Code

P. Reg. Code

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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CHECK ONLY IF CANDIDATE OR

■ NEW EMPLOYEE OR APPOINTEE

Grill Eric

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

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):

V 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

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 **BUSINESS ENTITY** NAME OF MAJOR SOURCES OF BUSINESS' INCOME

ADDRESS OF SOURCE 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")

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.

PART D. BITANCIDI E REDCONAL PROPERTY (CL. 1.).			
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		• •	
TIPE OF INTANGIBLE	<u>- </u>	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
. 1 (\			
N/94			
1 / 2			
·		· · · · · · · · · · · · · · · · · · ·	
PART E — LIABILITIES [Major debts	<u> </u>		· · · · · · · · · · · · · · · · · · ·
(If you have nothing to re	ין eport, you must write "none" or "ח	/a")	
NAME OF CREDITOR ADDRESS OF CREDITOR			
			DITOR
1/1	 	· · · · · · · · · · · · · · · · · · ·	
<u> </u>			
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")			
(if you have nothing to rep	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	. BUSINESS ENTITY # 3
NAME OF BUILDING CO. CALTITY		50011200 211111111	Doomed Living
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY	e en		
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): DATE SIGNED (required): 12-16-10			
FILING INSTRUCTIONS:			
WHAT TO FILE: WHERE TO FILE: WHEN 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.

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.

Initially, each local officer/employee, sta officer, and specified state employee mu file within 30 days of the date of his or h appointment or of the beginning of emplo 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 the appointment.

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

Thereafter, local officers/employees, sta officers, and specified state employees a required to file by July 1st following eacalendar year in which they hold their po-

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