Please print or type your name, mailing		FORM 1 STATEMENT OF					
address, agency name, and position below:	FINANCIAL INT	ERESTS [					
LAST NAME - FIRST NAME - MIDDLE NAME : HARHON NORA MAILING ADDRESS :	C	FOR OFFICE USE ONLY:	N				
4743 BLACKBERRY	DR.	ID	Code (a)				
Ft MYCRS FLJ	ID	No.					
NAME OF AGENCY:  EAST LEE COUNTY COUNTY  NAME OF OFFICE OR POSITION HELD OR SO		onf. Code nn F					
BOARD OF DIRETOR A		Req. Code हैं ा					
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.  CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE							
**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 (must check one):  DECEMBER 31, 2010 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 (must check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  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 U15.GOUT		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Retirement Cheeks		AMY					
PART B SECONDARY SOURCES OF INCOM (If you have nothing to report, you	must write "none" or "n/a")	ources of income to busine	esses owned by the reporting person]				
= -:	OF MAJOR SOURCES USINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
PART C - REAL PROPERTY [Land, buildings over (If you have nothing to report, you may be a second of the second of	wned by the reporting person] nust write "none" or "n/a")  FH MYEAS FL 3	when are I	ING INSTRUCTIONS for n and where to file this form located at the bottom of page 2.  TRUCTIONS on who must this form and how to fill it out n on page 3.  HER FORMS you may need le are described on page 6.				

					——————————————————————————————————————			
P	P.RT 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 INTANGIB	E I	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
_	who							
_	WONE S		<del></del>					
_			<del></del>	<u> </u>				
_								
١	RT E — LIABILITIES [Major del (If you have nothing to	report, you must wri	te "none" or "n/a	<b>'</b> ")				
	NAME OF CREDITOR		ADDRESS OF CREDITOR					
None								
		<del></del>	-					
_	,			<u> </u>				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
	(If you have nothing to	eport, you must write BUSINESS I	"none" or "n/a")	BUSINESS ENTITY # 2	. BUSINESS ENTITY # 3			
	AME OF DURINESS ENTITY			DOGINEOU ENTIT II E	50011255 =111111111111111111111111111111111			
-4	AME OF BUSINESS ENTITY	NONE	·					
	DDRESS OF BUSINESS ENTITY							
F	RINCIPAL BUSINESS ACTIVITY	<u></u>		<u> </u>				
F	DSITION HELD WITH ENTITY			. <u> </u>				
] 	DWN MORE THAN A 5% TEREST IN THE BUSINESS							
0.7	ATURE OF MY WNERSHIP INTEREST							
	IE ANY OF DARTS A	TUDOUOU E ADE	CONTINUES	ON A CEDADATE CUEST D	EACE CHECK HERE			
			CONTINUEL	ON A SEPARATE SHEET, PL	<u> </u>			
Mova a Harmo			DATE SIGNED (required):					
	Nova C Harmo May 30, 20 1)							
	FILING INSTRUCTIONS:							

# VHAT TO FILE:

fter completing all parts of this form, including gning and dating it, send back only the first heet (pages 1 and 2) for filing.

you have nothing to report in a particular ection, you must write "none" or "n/a" in that ection(s).

acsimiles will not be accepted.

# OTE:

# MULTIPLE FILING UNNECESSARY:

enerally, a person who has filed Form 1 for a alendar or fiscal year is not required to file a econd Form 1 for the same year. However, a andidate who previously filed Form 1 because fanother public position must at least file a copy 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 falls under, see the "Who Must File" Instructions on page 3.

# 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 posi-

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.

# Supervisor of Elections LEE COUNTY

TOWN TROP IN SE

THE WATER THE WAY

CONSTITUTIONAL COMPLEX P.O. BOX 2545 FORT MYERS, FLORIDA 33902

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