

FORM 1

STATEMENT OF

2010

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Holland, Craig Nelson

MAILING ADDRESS:

838 Superior Street

Fort Myers Florida 33916 Lee

CITY:

ZIP:

COUNTY:

Fort Myers

NAME OF AGENCY:

Code Enforcement & Real Estate Abatement

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

board member for City of Fort Myers Code Enforcement Real Estate Abatement

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

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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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 INCOMESOURCE'S
ADDRESSDESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY

Boucher Insurance Agency

8191 College Parkway, Suite 202
Fort Myers, Florida 33913

Insurance Broker

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 ENTITYNAME OF MAJOR SOURCES
OF BUSINESS' INCOMEADDRESS
OF SOURCEPRINCIPAL BUSINESS
ACTIVITY OF SOURCE

Rental property: 826 Superior Street, Ft Myers

Rental dwelling

826 Superior Street

Rents: \$475/mo

Rental property: 1621 Seaboard Street Ft Myers

Commercial building

1621 Seaboard St.

Rents: \$3115/mo

Rental property: 2650 Carter Blvd Ft Myers

Rental dwelling

2650 Carter Blvd

Rents: \$1550/mo

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

Rental property: 826 Superior Street Ft Myers (Single family house)

Rental property: 1621 Seaboard Street Ft Myers (Commercial building)

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 — 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

IRA: *Keystone Advisors LLC**Holland, Craig*401K: *Prudential**Holland, Craig*

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PART E — LIABILITIES [Major debts]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

*Wells Fargo Bank**2068 Cleveland Ave, Ft Myers FL 33901***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

Nederhake RE

ADDRESS OF BUSINESS ENTITY

1121 Seaboard Street

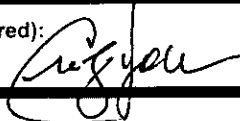
PRINCIPAL BUSINESS ACTIVITY

Commercial building

POSITION HELD WITH ENTITY

*MGM.*I OWN MORE THAN A 5%
INTEREST IN THE BUSINESS*Yes - 100%*NATURE OF MY
OWNERSHIP INTEREST*LLC - 100% owner.*IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):



DATE SIGNED (required):

*August 31 2011***FILING INSTRUCTIONS:****WHAT 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.

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 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.

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County Elections office

P.O. Box 2545

Fort Myers, Florida

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