FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS



2009

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

(10 BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)								
LAST NAME - FIRST NAME - MIDD	DLE NAME:	NAME OF REPORTING PERSON'S AGENCY:						
Holton, He	ather Marie	The City o	f Ft Myers					
MAILING ADDRESS: 200 Se	cond Street	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):						
Ft Myurs 3390	4	LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE						
CITY: V ZIP:	COUNTY:	LIST OFFICE OR POSITION HELD: PUrchasing Coordings						
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2009 AND THE LAST PATE THE LD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS OCTOOOL 1, 2000, (Date must be prior to 12/31/09) MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABBIOLUTE 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 OR DOLLAR VALUE THRESHOLDS								
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME	OF INCOME [Major sources of income SOURCE ADDRI	CE'S DESC	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
The lity of Ft Myurs 2000 Second Stra		eet fun	Purchasing Department					
PART B SECONDARY SOURCE NAME OF BUSINESS ENTITY	ES OF INCOME [Major customers, cli NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ients, and other sources of income to be ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE					
Dworked as the Pu	when	NG INSTRUCTIONS for and where to file this form are and at the bottom of page 2.						
recieved & my income o	ever recieved INST	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.						
	т отн	ER FORMS you may need to						
			e described on page 6.					

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
NIA								
			· · · · · · · · · · · · · · · · · · ·	and the second second				
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PART E — LIABILITIES [Major debts] NAME OF CREDITOR			ADDRESS OF CREDITOR					
NIA								
					8			
					n D			
PART F INTERESTS IN S	PECIFIED BUSIN	ESSES [Ownership	p or positions in certain types of	businesses]				
		ENTITY # 1	BUSINESS ENTITY # 2	2 BUSINESS	ENTITY #3			
NAME OF BUSINESS ENTITY	N/A				ī. ~			
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS ACTIVITY		·····			Virtuality			
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS	IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE: Veather Folton DATE SIGNED: 10/31/2009								
FILING INSTRUCTIONS:								
WHAT TO FILE: W After completing all parts of this form on			WHERE TO FILE: **Cocal officers: file with the Supervisor of **If you are leaving office of the supervisor of the super		e or employment			
pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you ne need not return any of the instruction pages).		Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) during the first half of 2009, have filed Form 1 for 2008. this is not the last form your though the Form 1F covers the		09, you may not 08. In that case, ou will file, even				
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 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or		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.		mployment. You				
			what category your position "Who Must File" Instructions					

Form 6.