FORM 1	STATEM	STATEMENT OF		2009		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	L INTEREST	Y			
LAST NAME - FIRST NAME - MIDDLE HUNTER- GALVAN	· · · · · · · · · · · · · · · · · · ·	FOR OUR O				
MAILING ADDRESS: 1031 NE 33 P.D L						
		9	IDC	code		
Cape Coral F CITY: Lee Co. Hrg. EXC	ZIP: COUNTY:		ID N	lo. 96		
NAME OF AGENCY: Office Mar			Con	f. Code 45		
NAME OF OFFICE OR POSITION HELD		<u>v</u>	P. R	eq. Code 片		
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE C	on this form. Attach additional sheets			10AUG04R#111₹CSNE Lee		
DISCLOSURE PERIOD:	**BOTH PARTS OF THIS SECT	TION MUST BE COMPLETED*	*	оп T		
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 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 S	TATE BELOW WHETHER THIS ST	ATEMENT REFLECTS EITHER	R (check c	ne):		
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	sou	/ JRCE'S DRESS		SCRIPTION OF THE SOURCE'S KINCIPAL BUSINESS ACTIVITY		
Lee Co. Examiner's C	ffile 1500 Morroz	e St., Ft Myring	Zoni	ngl Code Hngs		
PART B SECONDARY SOURCES OF	INCOME [Major customers, clients. t , you must write "none" or "n/a		o busines	ses owned by the reporting person]		
-	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	MAJOR SOURCES ADDRESS		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
none						
PART C REAL PROPERTY [Land, build	dings owned by the reporting perso] n]	SU IN	O MISTRUSTIONS :		
(If you have nothing to report, you must write "none" or "n/a")			when	G INSTRUCTIONS for and where to file this form cated at the bottom of page 2.		
			file thi	RUCTIONS on who must s form and how to fill it out		
			_	on page 3.		
				R FORMS you may need 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					
Ma						
						
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF CREDITOR ADDRESS OF CREDITOR						
nla						
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	Ma					
ADDRESS OF BUSINESS ENTITY	nla					
PRINCIPAL BUSINESS ACTIVITY	nla					
POSITION HELD WITH ENTITY	りく					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	nla					
NATURE OF MY	<u> </u>					
OWNERSHIP INTEREST	n)R					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): Suname M. Hunte-Hellen DATE SIGNED (required): 8/3/10						
FILING INSTRUCTIONS:						
WHAT TO FILE:	WHERE TO FI		EN TO FILE:			

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.

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.

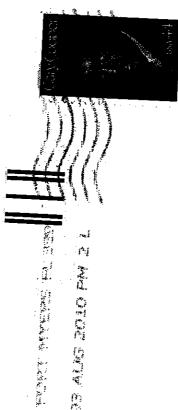
WHEN TO FILE:

Initially, each local officer/employee, stat officer, and specified state employee mus file within 30 days of the date of his or he appointment or of the beginning of employ ment. Appointees who must be confirmed by the Senate must file prior to confirmation, eve if that is less than 30 days from the date of the appointment.

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

Thereafter, local officers/employees, staofficers, and specified state employees a required to file by July 1st following each calendar year in which they hold their pos tions.

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.



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

CONSTITUTIONAL COMPLEX PO. BOX 2545 FORT MYERS, FLORIDA 33902