FORM 1		STATEM	ENT OF		2009	
Please print or type your name, mailing address, agency name, and position belongers.	w:	FINANCIAL	INTERES1	S		
LAST NAME FIRST NAME MIDD	LE NAME	•	FOR	OFFICE		
Johns Walter Glenn			USE	ONLY:	/	
MAILING ADDRESS :					/	اخر
4673 E. Skates Circle				ı ID C	ode	2
				"-		10JUL019M10731SNE
CITY:	ZIP :		]	<b>V</b> D N	o. <i>1</i>	差
Fort Myers	3390	5 Lee	<del></del>	\	1	<b>S</b>
NAME OF AGENCY: Lee County Construction L	renein	n Board		ca <sub>t</sub>	. Code	5
NAME OF OFFICE OR POSITION H		<del></del>			V code	
Board Member	LD OR S	Ought:			. Code	ee (
You are not limited to the space on the I	nes on thi	s form. Attach additional sheets,	if necessary.			(oF1
CHECK ONLY IF CANDIDATE	OR	NEW EMPLOYEE OR AF	PPOINTEE			
DISCLOSURE PERIOD:	**[	BOTH PARTS OF THIS SECTION	ON MUST BE COMPLETE	:D=*		
THIS STATEMENT REFLECTS YOUR	FINANCI	AL INTERESTS FOR THE PRI	CEDING TAX YEAR, WHI	ETHER BASE	ED ON A CALENDAR YEAR OR C	N
A FISCAL YEAR. PLEASE STATE BE						
✓ DECEMBER 31, 200	9 9	OR SPECIFY 1	TAX YEAR IF OTHER THA	N THE CALE	NDAR YEAR:	-
MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILER	S THE	OPTION OF USING REPORT	ING THRESHOLDS THA	T ARE ABSO	OLUTE DOLLAR VALUES, WHI	СН
REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	OR US	ING COMPARATIVE THRESH	OLDS, WHICH ARE USU	ALLY BASE	O ON PERCENTAGE VALUES (S	ee
COMPARATIVE (PERCENTAGE)				R VALUE TH		
· · · · · · · · · · · · · · · · · · ·	<u> </u>			N VALUE III	REGITOLIS	
PART A PRIMARY SOURCES OF (If you have nothing to re		[Major sources of income to the imust write "none" or "n/a")	e reporting personj			
NAME OF SOURCE		SOURCE'S			DESCRIPTION OF THE SOURCE'S	
OF INCOME  Kirkwood Electric, Inc.		ADDRESS		<del></del>	PRINCIPAL BUSINESS ACTIVITY  Electrical Contractor	
Kirkwood Electric, Inc.		P.O. Box 152000		Electrical Contractor		
	_					
PART B SECONDARY SOURCES		OME [Major customers, clients, ou must write "none" or "n/a"		ne to busines	ses owned by the reporting person	n]
NAME OF		E OF MAJOR SOURCES	, ! ADDRESS		I PRINCIPAL BUSINESS	
BUSINESS ENTITY		BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
N/A						
PART C REAL PROPERTY [Land	_	owned by the reporting person must write "none" or "n/a")	•	FILIN	NG INSTRUCTIONS for	
N/A	-	This this to lead		_	and where to file this form cated at the bottom of page 2	2.
					DUCTIONS	
					RUCTIONS on who must is form and how to fill it out	
					on page 3.	
				ОТН	ER FORMS you may need	
					are described on page 6.	

PART D — INTANGIBLE PERSONAL (If you have nothing to re)	PROPERTY [Stocks, bonds, certifical port, you must write "none" or "n/a	l" <del>)</del>		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES	
N/A				
	port, you must write "none" or "n/a l	a") Address of CRE	DITOR	SABTE-OTHER CONTINUE.
NAME OF CREDITOR		ADDRESS OF CRE	JITOK	5
N/A				포
				单
				-,-
PART F - INTERESTS IN SPECIFIED	BUSINESSES [Ownership or position ort, you must write "none" or "n/a")	ns in certain types of businesses]		`& ()
(If you have nothing to rep	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	S E
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS A TH	ROUGH F ARE CONTINUED	ON A SEPARATE SHEET, PLI		
SIGNATURE (required):	Mm	DATE SIGNED (	required): 6129/2010	
	FILING INS	STRUCTIONS:		

#### 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.

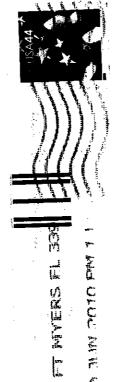
## WHEN TO FILE:

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.



I MAY OLOG WITH OF

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

CONSTITUTIONAL COMPLEX RO. BOX 2545 FORT MYERS, FLORIDA 33902