FORM 1	STATE	CMENT OF	2009					
Please print or type your name, mailing address, agency name, and position belo	FINANCIA	AL INTEREST	scorr					
LAST NAME FIRST NAME MIDDL Kaye Sheldon Mailing Address:		FOR USE 0						
13290 Corbel (	Zircle \$ 222)		<b>GN</b>					
NAME OF AGENCY :								
Lec County Libron NAME OF OFFICE OR POSITION HEI Director Lee Com	1 - ·	V	Private File					
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								
A FISCAL YEAR. PLEASE STATE BEL	FINANCIAL INTERESTS FOR THE	IT IS FOR THE PRECEDING TAX	HER BASED ON A CALENDAR YEAR OR ON YEAR ENDING EITHER (check one):					
DECEMBER 31, 2009 <u>OR</u> 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 (check one):								
		<b>N</b>	VALUE THRESHOLDS					
PART A – PRIMARY SOURCES OF IN (If you have nothing to rep	NCOME [Major sources of income port, you must write "none" or "		·······.					
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
Lee County Library Si	ysten 157. Myers	12)	Library Services					
*								
		· · · · · · · · · · · · · · · · · · ·						
(If you have nothing to rej	OF INCOME [Major customers, clie port , you must write "none" or	ents, and other sources of income "n/a")	to businesses owned by the reporting person]					
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE					
N/A								
PART C REAL PROPERTY [Land, b (If you have nothing to rep	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.							
N/A	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 PERSON (If you have nothing to						
		1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Declarred Compensation		TIAA-	TIAA - CREP			
Savings / checking Accounts			Sunconst Schools Peclaral Credit Union			
Savings / Checki, Account,			Greater Portland (ME) Municipal Credit Union			
15 Lor: da Ret: rement	(nverting + Pla					
· · · · · · · · · · · · · · · · · · ·			······			
PART E — LIABILITIES [Major del (If you have nothing to		write "none" or "	n/a")			
NAME OF CREDITOR			ADDRESS OF CREDITOR			
Greatur Portland Mun. Fed. C.N						
Now: Evergreen C M		- Sont	- South Portland, ME (Mortgage-glmost paid off !!!			
American Honda Sinance Corp Antomobile loan						
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						
NAME OF BUSINESS ENTITY	Nonej					
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	V		· · · · · · · · · · · · · · · · · · ·			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): 7/15*/10						
<b><u>FILING INSTRUCTIONS:</u></b>						
After completing all parts of this form, including       If your signing and dating it, send back only the first       on the first         sheet (pages 1 and 2) for filing.       your source		If you were mailed on Ethics or a Cou	<b>HERE TO FILE:</b> you were mailed the form by the Commission Ethics or a County Supervisor of Elections for ur annual disclosure filing, return the form to at location. <b>WHEN TO FILE:</b> <i>Initially</i> , each local officer/employee, state officer, and specified state employee mus file <i>within 30 days</i> of the date of his or he appointment or of the beginning of employ			

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.

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.

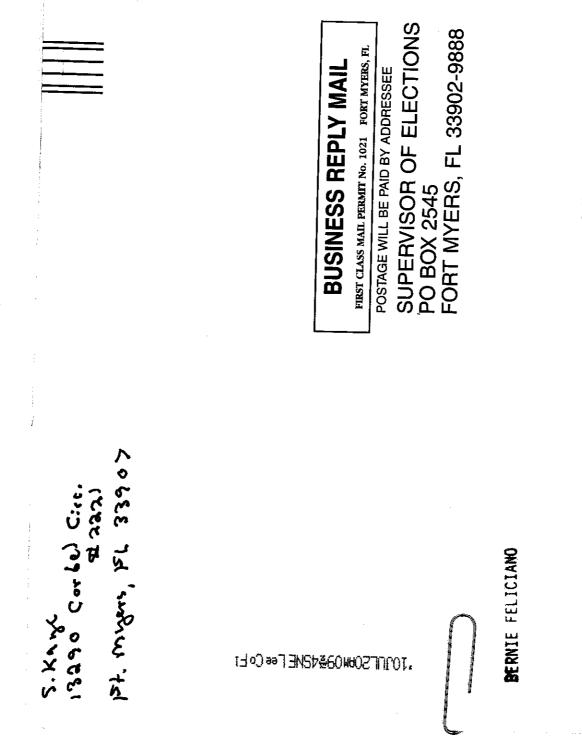
To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

ment. Appointees who must be confirmed by the Senate must file prior to confirmation, ever 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 theil 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 final disclosure form (Form 1F) within 60 days of leaving office or employment.



NO POSTAGE NECESSARY IF MAILED

UNITED STATES

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