FORM 1	STATEM	ENT OF		2009			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS					
LAST NAME - FIRST NAME - MIDDLE N Khan Dana MAILING ADDRESS:	Lynn	FOR OFF		CONUICO1			
Lehigh Aeres CITY: NAME OF AGENCY:	# 33976 L ZIP: COUNTY:	ee	ID (10JUNO39M1055 SDE Lee Co FI			
NAME OF OFFICE OR POSITION HELD OF COMMENT OF THE MANAGEMENT OF THE POSITION HELD OF THE INTERPOSITION HELD OF THE INTERPO	on this form. Attach additional sheets,			rf. Code			
CHECK ONLY IF CANDIDATE OF							
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 (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 STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,	OME [Major sources of income to the , you must write "none" or "n/a")	e reporting person]					
NAME OF SOURCE OF INCOME	SOUR ADDR		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Lee Co Bocc			<u></u>	ocal Government			
PART B SECONDARY SOURCES OF II	INCOME [Major customers, clients, a t , you must write "none" or "n/a")		busines	ses owned by the reporting person]			
	NAME OF MAJOR SOURCES ADDI OF BUSINESS' INCOME OF SO			PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NA							
		·					
PART C REAL PROPERTY [Land, buildi	lings owned by the reporting person	1					
	you must write "none" or "n/a")		when	NG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.			
N / `			INST	RUCTIONS on who must is form and how to fill it out on page 3.			
				ER 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")							
	poπ, you must wri	te "none" or "n/a					
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Bank Accounts & Mortgage Suncoast Schools Credit Union							
			-				
							
		<u> </u>		· · · · · · · · · · · · · · · · · · ·			
PART E — LIABILITIES [Major debts]							
(If you have nothing to re		te "none" or "n/a	")				
NAME OF CREDITOR		ADDRESS OF CREDITOR					
Aln							
	·						
				······································			
PART F — INTERESTS IN SPECIFIED	BUSINESSES 10			····			
(If you have nothing to rep	ort, you must write	"none" or "n/a")	s in certain types or businesses]				
	BUSINESS E	NTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY							
ADDRESS OF BUSINESS ENTITY		· — ·		<u></u>			
PRINCIPAL BUSINESS ACTIVITY	NIA		······································				
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5%							
INTEREST IN THE BUSINESS NATURE OF MY							
OWNERSHIP INTEREST	·			<u></u>			
IF ANY OF PARTS A TH	ROUGH F ARE	CONTINUED	ON A SEPARATE SHEET, PLE	EASE CHECK HERE			
SIGNATURE (required):	0 11	DATE SIGNED (r	DATE SIGNED (required):				
Dana L.K.			5-28-10				
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.