FORM 1	STATEM	IENT OF	2009					
Please print or type your name, mailing address, agency name, and position below	. INTERESTS	5 /						
LAST NAME FIRST NAME MIDDL KIKER MAILING ADDRESS: 6035 E	FOR OI USE OI	NLY:						
FORT MYERT BER CITY: LAHAINA REACT NAME OF AGENCY:	Lee	ID Code						
NAME OF OFFICE OR POSITION HEL TOWN HA You are not limited to the space on the lim CHECK ONLY IF D CANDIDATE		P. Req. Code						
**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 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	-	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
FABSUN LLC	6035 ESTEN	BILD FMBT/	REAL ETTATES					
GAJETZ LLC	LOST BRO	BLUD FMR FL	impionT3/SAZes					
·								
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]								
	(If you have nothing to report , you must write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES A		RESS PRINCIPAL BUSINESS URCE ACTIVITY OF SOURCE					
Town Conney		ESTR NO BLUE						
		Fub						
PART C REAL PROPERTY [Land, bi (If you have nothing to repo (003.5 FST&PO	uildings owned by the reporting persor ort, you must write "none" or "n/a") SUP Fort My		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. 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.					

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PART D — INTÄNGIBLE PERSÖN (If you have nothing to				_			
		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
IRAC		<u></u>	<u> </u>	,,,			
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₹		]					
·		1					
PART E LIABILITIES [Major det (If you have nothing to		write "none" or "n	ı/a")				
	<u> </u>	ADDRESS OF CREDITOR					
LIBERTY BANK		Bonom BEALD ROAD, BON			BORITA SPRING FI		
- /					, , , , , , , , , , , , , , , , , , , ,		
<u></u>		1		,			
		<u> </u>					
PART F — INTERESTS IN SPECIFIE (If you have nothing to I	report, you must wr	rite "none" or "n/a'	")				
	BUSINES			ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	LAHAINA	Contry	GAJOR	LLC_	ļ		
ADDRESS OF BUSINESS ENTITY	6035 ESTERA		6035 2572	eno	ļ		
PRINCIPAL BUSINESS ACTIVITY	Real Estate		Imponts.	SALLS			
POSITION HELD WITH ENTITY	PRINCIPAL		PRINCIPAZ				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	52%		50%				
NATURE OF MY OWNERSHIP INTEREST	MGMT		MONT				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required):	$\mathcal{V}$		κ	DATE SIGNED			
	Lan	KICh	<u> </u>		6/15/10		
	(F)	ILING IN	<b>STRUCTIO</b>	NS:			
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.		<ul> <li>WHERE TO FILE:</li> <li>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.</li> <li>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.)</li> <li>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.</li> <li>Candidates file this form together with their qualifying papers.</li> <li>To determine what category your position falls under, see the "Who Must File" Instructions on page 3.</li> </ul>		nission initia ons for office orm to file w appo ervisor the S reside appo county appo <b>Can</b> foyees must Drawer quali hysical <b>The</b> , Suite office	EN TO FILE: ally, each local officer/employee, states, and specified state employee musi- within 30 days of the date of his or his bintment or of the beginning of employed. Appointees who must be confirmed to Senate must file prior to confirmation, even it is less than 30 days from the date of the bintment. didates for publicly-elected local office to file at the same time they file the ifying papers. reafter, local officers/employees, state ers, and specified state employees a ired to file by July 1st following each		
				h their calei tions position <b>Fina</b> uctions spec final	<i>Finally</i> , at the end of office or employment, each local officer/employee, state officer, a d specified state employee is required to file a final disclosure form (Form 1F) within 60 dats of leaving office or employment.		