FORM 1	STATEM		2010			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	s /			
	ME: EILEEN	FOR O USE O		•		
MAILING ADDRESS: 27332 Pullan	Avenue		/	tal punda punda punda		
Bonita Springs 1 CITY: ZII	EL 34/35	Lee	ID Code	JUNI 3408 \$35NE Lee Co		
CITY: ZII	COUNTY:		ID No.	00 233 33		
NAME OF AGENCY: Prese	»Rd	Conf. Code	情 定			
NAME OF OFFICE OR POSITION HELD OR BOARD member		P. Req. Code	©			
You are not limited to the space on the lines on CHECK ONLY IF CANDIDATE OR	this form. Attach additional sheets NEW EMPLOYEE OR A	•				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANT A FISCAL YEAR. PLEASE STATE BELOW W DECEMBER 31, 2010	HETHER THIS STATEMENT IS	ECEDING TAX YEAR, WHETH	HER BASED ON A (YEAR ENDING EITH	fER (must check one):		
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 (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF INCOME (If you have nothing to report, you						
NAME OF SOURCE OF INCOME	ADD	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
TERRY LAWHOR	27332 Pullen A	ve, FL 34/35	135 PARKS & REC			
DART R. SECONDARY COURSES OF INC						
(If you have nothing to report,) NAME OF NAME	COME [Major customers, clients, and other sources of you must write "none" or "n/a") AME OF MAJOR SOURCES ADDR OF BUSINESS' INCOME OF SO		S PRINCIPAL BUSINESS			
N/A						
PART C REAL PROPERTY [Land, building (If you have nothing to report, you	s owned by the reporting persor ou must write "none" or "n/a")	1	when and whe	RUCTIONS for e to file this form		
N/A			INSTRUCTION file this form a begin on page	the bottom of page 2. ONS on who must nd how to fill it out 3. MS you may need ribed 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					
N/A		<u> </u>					
			· · · · · · · · · · · · · · · · · · ·				
		·					
PART E — LIABILITIES [Major deb (If you have nothing to	ts] report, you must w	vrite "none" or "r	n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR					
NA							
							
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							
	BUSINESS		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NA						
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 THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required):		DATE SIGNED (required):					
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, sta officer, and specified state employee mu file within 30 days of the date of his or h appointment or of the beginning of emplo ment. Appointees who must be confirmed 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, sta officers, and specified state employees a required to file by July 1st following ea calendar year in which they hold their po

Finally, at the end of office or employme each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 da of leaving office or employment.