FORM 1	STATEN	IENT OF	2010	
Please print or type your name, mailing address, agency name, and position below		L INTERESTS	S	
LAST NAME FIRST NAME MIDDLE Leonard Thom MAILING ADDRESS :		FOR O USE O		
9830 Gernwa	od Place Dr	Apt 214		-
		ζ		
Fort Myers	ZIP: COUNTY: 33966 L	Lee		
NAME OF AGENCY : A LEXXEN	CDD + Merrick	Park CDD	Col. C de	
You are not limited to the space on the line	e on this form. Attach additional sheet	e if norseeary		-
		· •		
DISCLOSURE PERIOD:	**BOTH PARTS OF THIS SECT			
THIS STATEMENT REFLECTS YOUR FI A FISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2010		RECEDING TAX YEAR, WHETH FOR THE PRECEDING TAX Y TAX YEAR IF OTHER THAN T	HER BASED ON A CALENDAR YEAR OR YEAR ENDING EITHER (must check one): THE CALENDAR YEAR	ON
MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS	BLE INTERESTS: THE OPTION OF USING REPOR OR USING COMPARATIVE THRESI	RTING THRESHOLDS THAT A HOLDS, WHICH ARE USUALI	ARE ABSOLUTE DOLLAR VALUES, WH	IICH (see
			VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	COME [Major sources of income to t ort, you must write "none" or "n/a"	the reporting person])		
NAME OF SOURCE OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	;
Cornerstone Group	2100 Hollywood Blud,	Holly wood, FL 33020	Property Management	
	·	~		
PART B SECONDARY SOURCES O	F INCOME [Major customers, clients ort , you must write "none" or "n/a	, and other sources of income to	to businesses owned by the reporting perso	on]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
none				
		· · · · · · · · · · · · · · · · · · ·		
PART C REAL PROPERTY [Land, bu	ildings owned by the reporting perso	n]	FILING INSTRUCTIONS for	
	rt, you must write "none" or "n/a") へのれと)	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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TYPE OF INTANGIBLI	E I	e "none" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
	200 Sit	none		
*				
*				
¥				
4				
PART E — LIABILITIES [Major debt (If you have nothing to I NAME OF CREDITO	report, you must write "none" or "n/a"	') ADDRESS OF CREE	DITOR	
none				
PART F — INTERESTS IN SPECIFIEI (If you have nothing to re	D BUSINESSES [Ownership or position: port, you must write "none" or "n/a") BUSINESS ENTITY # 1	s in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
PART F — INTERESTS IN SPECIFIED (If you have nothing to re NAME OF BUSINESS ENTITY	port, you must write "none" or "n/a")		BUSINESS ENTITY # 3	
(If you have nothing to re	port, you must write "none" or "n/a") BUSINESS ENTITY # 1		BUSINESS ENTITY # 3	
(If you have nothing to re NAME OF BUSINESS ENTITY	port, you must write "none" or "n/a") BUSINESS ENTITY # 1		BUSINESS ENTITY # 3	
(If you have nothing to re NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	port, you must write "none" or "n/a") BUSINESS ENTITY # 1		BUSINESS ENTITY # 3	
(If you have nothing to re NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	port, you must write "none" or "n/a") BUSINESS ENTITY # 1		BUSINESS ENTITY # 3	
(If you have nothing to re NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	port, you must write "none" or "n/a") BUSINESS ENTITY # 1		BUSINESS ENTITY # 3	
(If you have nothing to re 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	port, you must write "none" or "n/a") BUSINESS ENTITY # 1	BUSINESS ENTITY # 2		

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, a person who has here there in 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 fails under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

initially, each local officer/employee, state officer, and specified state employee multi file *within 30 days* of the date of his or his appointment or of the beginning of emploment. Appointees who must be confirmed in the Senate must file prior to confirmation, even 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.

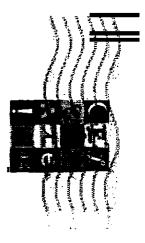
Thereafter, local officers/employees, state officers, and specified state employees a required to file by July 1st following ear calendar year in which they hold their potions.

Finally, at the end of office or employment 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.



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