FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS



2010

(TO BE FILED WITHIN	60 DAYS OF LEAV.	ING PUBLIC OFFIC	E OR EMPLOYMENT)		
LAST NAME — FIRST NAME — MIDDLE NAME:		NAME OF REPORTING PE	RSON'S AGENCY:		
LEVELONE SUSAN	ρ		. *		
MAILING ADDRESS:					
250 LAKEVIEW	> _	CHECK <u>ONE</u> OF THE FOL	LOWING (see "Who Must File" mp page 3):		
ASC MAKEVIEW	/	LOCAL OFFIC			
N. Ft. HYERS FI	33917 LEZ	SPECIFIED S	TATE EMPLOYEE		
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITION	ON HELD:		
GITT. 20.	0001111		<u> </u>		
			TT		
BC	TH PARTS OF THIS SECT	TION MUST BE COMPLET	ED		
DISCLOSURE PERIOD:	WITCHESTS FOR THE BERLY	OD DETMEEN JANIJADV 4 O	OAO AND THE LAST DATE LIED THE BURLIC		
OFFICE OR EMPLOYMENT DESCRIBED ABO	NERESTS FOR THE PERIO	DU BETWEEN JANUARY 1, 2 DA 1. 2010	010 AND THE LAST DATE I HELD THE PUBLIC , 2010. (Date must be prior to 12/31/10)		
MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS THE OP	BLE INTERESTS:	THRESHOLDS THAT ARE AR	SOLUTE DO LARVALVES WHICH REQUIRES		
FEWER CALCULATIONS, OR USING COMPA	RATIVE THRESHOLDS, WHI	CH ARE USUALLY BASED O	PERCENTAGE VALUES (See Ametrications for		
further details). PLEASE STATE BELOW WHE			EDODI		
COMPARATIVE (PERCENTAGE	THRESHOLDS	OR U DO	LAR VALUE THE E HOLES		
			LIOIT		
PART A – PRIMARY SOURCES OF INCO					
			L DECORIDATION OF THE COMPOSES		
NAME OF SOURCE OF INCOME	SOUR ADDR		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
LEE Cty Bd D. Comm. P.O. Box 398 F+ Myres F133902					
2-2	7.0.00	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			

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·					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]					
(If you have nothing to report, you	• •		come to businesses owned by reporting person;		
` , , ,	ME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS		
	F BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE		
II/A	<i>A</i>				
PART C REAL PROPERTY (Land build	ings owned by the reporting ne	orsonl	FILING INSTRUCTIONS for		
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			when and where to file this form are		
NIA			located at the bottom of page 2.		
- •			INSTRUCTIONS on who must file		
			this form and how to fill it out begin on page 3 of this packet.		
			An hade o or rille backer		
· · · ·			OTHER FORMS you may need to		

PART D — INTANGIBLE PERSONAL PROPE (If you have nothing to report, you must	ERTY [Stocks, bonds, st write "none" or "n/	certificates of deposit, etc.]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WH	IICH THE PROPERTY RELATES		
N/4					
• /					
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must	st write "none" or "n/a	a")			
NAME OF CREDITOR ADDRESS OF CRE			OF CREDITOR		
N/H					
		,			
PART F — INTERESTS IN SPECIFIED BUSIN (If you have nothing to report, you must BUSINESS					
NAME OF	· 3.				
ADDRESS OF	· ¾.				
PRINCIPAL BUSINESS ACTIVITY	\$				
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 THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE: Gesen P. Leucone DATE SIGNED: 1-19-11					
FILING INSTRUCTIONS:					
WHAT TO FILE: After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages).	Elections of the counently reside. (If you	E: file with the Supervisor of bunty in which you perma- u do not permanently reside the Supervisor of the county	NOTE: If you are leaving office or employment during the first half of 2010, you may not have filed Form 1 for 2009. In that case, this is not the last form you will file, even		

Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

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.

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

though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2009 by July 1 of 2010.