FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS



2010

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)								
LAST NAME — FIRST NAME — MID	E:	NAME OF REPORTING PERSON'S AGENCY:						
LEWIS DINAL	21W3	LEE COUNTY BOCC						
MAILING ADDRESS:					(see "Who Must File" on page 3)			
P.O. BOX 398			LOCAL OFFICER STATE OFFICER \$\\ \Boxed{\mathbb{G}}\$ SPECIFIED STATE EMPLOYEE \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\					
			☐ SPECIFIED STATE EMPLOYEE ♀					
CITY: ZIP:		COUNTY:		N HELD:	BUDGET SERVICES I			
FORT MYERS 33	902	188	DIRECTOR					
	****	ATH DARTS OF THIS SECT	TION MILET BE COMPLET	ED***	· , .			
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD:								
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2010 AND THE LAST DATE IN EACH OF THE PUBLIC								
OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS								
MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DO LAB VALUES. WHICH REQUIRES								
FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERSENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):								
COMPARATIVE (PER	LAR VALU	JE THRESHOLDS						
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		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
LEE COUNTY BOCC 19012T MYE		PORT MY ERS	FL COUNTY GOVERNMENT					
			·					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]								
		u must write "none" or "n/a"		,	, , , , ,			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
	ļ	P BUSINESS INCOME	OF SOURCE		ACTIVITY OF SOURCE			
NONE	-							
	 	·						
	ļ							
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")					IG INSTRUCTIONS for and where to file this form are at the bottom of page 2.			
				RUCTIONS on who must file				
None	this fo	orm and how to fill it out begin ge 3 of this packet.						
					ER FORMS you may need to			
					e described on page 6.			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]									
(If you have nothing to	report, you must w	rite "none" or "n/a	3")						
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
MONEY MARKET FUND		UBS							
SEP INDEX FUND		VANGUARS							
IRA		JANUS FUND							
		!							
PART E — LIABILITIES [Major del (If you have nothing to	ots] report, you must w	rite "none" or "n/a	i")						
NAME OF CREDIT	OR	ADDRESS OF CREDITOR							
NONE									
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					
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									
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE (required):	1	DATE SIGNED (required):							
	enis	2-19-10							
THE INC. INCOMPLEMENT									

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.

FILING INSTRUCTIONS:

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.