FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2011

| FINANCIAL INTERESTS (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT) | | | | | | | | | |
|---|------------------------|---|-----------------------------|--|--|--|--|--|--|
| | | VING PUBLIC OFFI | CE OR | EMPLOYMENT) | | | | | |
| LAST NAME - FIRST NAME - MIDDLE N | _ | ERSON'S A | AGENCY: | | | | | | |
| LINDBLAD ELLI | N L. | COMMUNITY SUSTAINABILITY COMMITTED | | | | | | | |
| MAILING ADDRESS: 2354 JASPER A | 1/= | CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): | | | | | | | |
| 1 31,31 Cli /7 | <u> </u> | LOCAL OFFICER STATE OFFICER | | | | | | | |
| FT. MYERS FL3 | 390) LEE | SPECIFIED STATE EMPLOYEE | | | | | | | |
| CITY: ZiP: | COUNTY: | LIST OFFICE OR POSITION HELD: (OMM) TTEC MEMBER | | | | | | | |
| | | | | | | | | | |
| DISCLOSURE PERIOD: THIS STATEMENT REPORTS OF THIS SECTION MUST BE COMPLETED*** THIS STATEMENT REPORTS OF THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HED THE PUBLIC OFFICE OR EMPLOYNENT DISCRIBE AFOVE, WHICH DATE WAS JANUARY 3, 2011. (Date must be prior to 12/31/11) MANNER OF CALCULATIONS OF THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HED THE PUBLIC OFFICE OR EMPLOYNENT DISCRIBE AFOVE, WHICH DATE WAS JANUARY 3, 2011. (Date must be prior to 12/31/11) MANNER OF CALCULATIONS OF USING COMPARTITIE WIREST OLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (SEMINSTRUCTIONS FOR TURNER OF THE STATE BELOW WHET JEFF THIS STATE EMENT REFLECTS EITHER (must 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 SOURCE'S DESCRIPTION OF THE SOURCE'S | | | | | | | | | |
| OF INCOME LEE COUNTY | ADDR 11000 TERMINAL | RESS | PRINCIPAL BUSINESS ACTIVITY | | | | | | |
| PORT AUTHORITY | FT. MYERS, F | "339/3" AIRPO | | ORT OPERATIONS | | | | | |
| | | | | | | | | | |
| | | | <u> </u> | <u> </u> | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (If you have nothing to report,) | - · | | | | | | | | |
| NA | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a") | | | | G INSTRUCTIONS for and where to file this form are at the bottom of page 2. RUCTIONS on who must file | | | | | |
| | | | | rm and how to fill it out begin le 3 of this packet. | | | | | |
| | | | OTHE | R FORMS you may need to | | | | | |
| | | | 1110 276 | described on page 6. | | | | | |

| | | | | | | أناكما أكليك توالمباك تواند المراهبون بنوان المراهبون المراهبون والمراهبون | | |
|--|---------------------------------------|---|---------------------|-----------------|--------------|--|--|--|
| PART D — INTANGIBLE PERS | SONAL PROPERTY report, you must wr | ' [Stocks, bonds, colte "none" or "n/a | ·-) | | | | | |
| TYPE OF INTANG | BLE | | BUSINESS | ENTITY TO WHICH | H THE PRO | PERTY RELATES | | |
| WACHOULA MONEY | MARKET | | | | | | | |
| VANGUARD FRA | | | | | | | | |
| CHASE FRA | · <u></u> | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PART E — LIABILITIES [Major (If you have nothing to | debts] report, you must wr | ite "none" or "n/a | ") | | | | | |
| NAME OF CREDITOR | | | ADDRESS OF CREDITOR | | | | | |
| WELLS FARGO E | QUITY LINE | P.O. BOX 4235 P.O. BOX 77414 TRENTON, UJ 08628 | | | | | | |
| CENLAR FSB | | P.O.BOX | 77914 | TRENIOR | , <i>P</i> 3 | 00000 | | |
| <u> </u> | | | | | | | | |
| | | | | | | | | |
| 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 ENTI | | | | ESS ENTITY # 2 | | BUSINESS ENTITY # 3 | | |
| NAME OF BUSINESS ENTITY | NIA | | | | <u> </u> | | | |
| 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: Eller | - J. J. | -lbbl | | DATE SIG | SNED: | 6/4/2011 | | |
| 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). WHERE TO FILE: Local officers: file with the Supervisor of the county in which you permanently reside in Florida, file with the Supervisor of the county 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 2010 by July 1 of 2011.