FORM 1 STATEMENT OF				/2009		
lease print or type your name, mailing FINANCIAL INTERESTS				/		
address, agency name, and position below: LAST NAME FIRST NAME MIDDLE NAM LOPIN BULK K MAILING ADDRESS : MAILING ADDRESS :	e: 2J	FOR OF USE ON	FICE	*10,JLNO		
CITY: ZIP	33951 Lee : COUNTY:		ID No.	10JLN09RM1072SNE Lee CoF		
NAME OF OFFICE OR POSITION HELD OR Lee Lo. Coast Advisory Cource You are not limited to the space on the lines on the	SOUGHT: 1 Member		Conf. Code P. Req. Code	E Lee Co FI		
CHECK ONLY IF 🔲 CANDIDATE OR						
"BOTH PARTS OF THIS SECTION MUST BE COMPLETED"" DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2009 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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 (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF INCOME (If you have nothing to report, you		erson]				
	SOURCE'S DESCRIPTION OF THE ADDRESS PRINCIPAL BUSINESS		INESS ACTIVITY			
City of Squibel	400 Dur for Pul, Sentel, F	/	3957 Munique government			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to (If you have nothing to report, you must write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES ADDRESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE W/A V/A V/A		businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for			
5431 Brandy Circle west, Ft. Myers, FT. 33919			when and where to are located at the l			
provan residuer			INSTRUCTIONS file this form and h begin on page 3.			
		·······	OTHER FORMS to file are describe	you may need d 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		N/A			
		, , .			
-		· ····································			
		-			
PART E — LIABILITIES [Major debts] (If you have nothing to report, you mu	ist write "none" or "	n/a")			
NAME OF CREDITOR		ADDRESS OF CREDITOR			
Everhore mortgage to	9200 Nations un Jackson ulle, Fl.				
Ø		//			
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 # 1					
N/	1250 21111 # 1				
	///				
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
		ļ 			
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):					
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.	on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. officer, and specified state employee file <i>within 30 days</i> of the date of his appointment or of the beginning of elections for		<i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> of the date of his or her appointment or of the beginning of employ-		
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.	of Elections of the nently reside. (If y in Florida, file with	ocal officers/employees file with the Supervisor of Elections of the county in which they perma- tently reside. (If you do not permanently reside on Florida, file with the Supervisor of the county has been experimentation. Even the senate must file prior to confirmation, even if that is less than 30 days from the date of the appointment.			
NOTE:	State officers or specified state employees must file at t		Candidates for publicly-elected local office must file at the same time they file their qualifying papers.		
MULTIPLE FILING UNNECESSARY:	file with the Commission on Ethics, P.O. Drawer				

15709, Tallahassee, FL 32317-5709; physical

address: 3600 Maclay Boulevard, South, Suite

Candidates file this form together with their

falls under, see the "Who Must File" Instructions

To determine what category your position

201, Tallahassee, FL 32312.

qualifying papers.

on page 3.

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.

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.