FORM 1	STATEM	ENT OF		2010				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		1				
MARKIEWICZ JOB.	AME:	FOR O		ZIMIZ.				
9105 SPRING		1 ID C	3 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1					
BODITA SPRING CITY: SABAL COUE RESIDE		ID N	MHY25AM09∰55NE Lee (o Fi					
NAME OF AGENCY: UICE PRESIDENT NAME OF OFFICE OR POSITION HELD OF	24		Code III					
You are not limited to the space on the lines of CHECK ONLY IF X CANDIDATE OF	, if necessary. PPOINTEE							
MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see								
instructions for further details). PLEASE ST. COMPARATIVE (PERCENTAGE) TH	ATE BELOW WHETHER THIS STA	ATEMENT REFLECTS EITHER	(must ch					
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	sou	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
COLLER COUNTY BCC	3327 TAMIA	3327 TAMIAMITRAIL EAST		PURCHASING - COUNTY				
				GOVERNMENT				
PART B - SECONDARY SOURCES OF I (If you have nothing to report	NCOME [Major customers, clients, , you must write "none" or "n/a"	and other sources of income to	busines	ses owned by the reporting person]				
NAME OF N BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE						
N/A				·				
								
PART C REAL PROPERTY [Land, build (If you have nothing to report,		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.						
			file thi	NSTRUCTIONS on who must ile this form and how to fill it out pegin on page 3.				
			OTHE to file	ER FORMS you may need are described 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 INTANGIB	LE	<u></u>	BUSINESS E	NTITY TO WHICH T	HE PROPERTY RELATES		
CHECKING + SAVIN	65 Account	5/30	D BAN]				
STOCKS BONDS 4 C	D'5	WACH	OVIAB	A OK			
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")							
	inte None of It	ADDRESS OF CREDITOR		DEDITOR			
NAME OF CREDIT	OK		-	ADDRESS OF C	REDITOR		
14/4				- 	· · · · · · · · · · · · · · · · · · ·		
	- -				<u></u>		
			· - -		- <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 ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3							
NAME OF BUSINESS ENTITY	AU						
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	<u> </u>						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required):				DATE SIGNE	DATE SIGNED (required):		
FILING INSTRUCTIONS:							
WHAT TO FILE: After completing all parts of this fo signing and dating it, send back	rm, including If y	HERE TO FIL you were mailed Ethics or a Coun	the form by the	Commission Ini	HEN TO FILE: itialiy, each local officer/employee, sta- ficer, and specified state employee mu		

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.

your annual disclosure filing, return the form to that location.

Local officers/employees file with the \$upervisor 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.

file within 30 days of the date of his or h appointment or of the beginning of emplo ment. Appointees who must be confirmed the Senate must file prior to confirmation, ev if that is less than 30 days from the date of the appointment.

Candidates for publicly-elected local offi must file at the same time they file th qualifying papers.

Thereafter, local officers/employees, sta officers, and specified state employees a required to file by July 1st following ea calendar year in which they hold their po tions

Finally, at the end of office or employme 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.