FORM 1	STATEM	ENT OF		2009 P		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		\square		
Mason (RUNK)	Lisa Diane	FOR OF USE ON		101		
2002 Bal Harbor Blvd. Unit 1121			ID Co			
Punta Gorda z	tte					
Lee CD. BoCC		iD No	de Code Code			
ST. ACT CLER		Conf.	Code 🖁			
NAME OF OFFICE OR POSITION HELD	OR SOUGHT :		P. Re 	q. Code		
You are not limited to the space on the lines CHECK ONLY IF D CANDIDATE O	—					
MANNER OF CALCULATING REPORTAGE THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE) T	THE OPTION OF USING REPORTI R USING COMPARATIVE THRESHO TATE BELOW WHETHER THIS STA		Y BASED	ON PERCENTAGE VALUES (see		
PART A PRIMARY SOURCES OF INC (If you have nothing to repor	OME [Major sources of income to the t, you must write "none" or "n/a")	ereporting person]				
NAME OF SOURCE	SOUR ADDR		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Lee County Bocc						
- · · · · · · · · · · · · · · · · · · ·			,			
PART B SECONDARY SOURCES OF			o business	es owned by the reporting person]		
	rt , you must write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME) ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
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")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
IN 177			file thi	RUCTIONS on who must s form and how to fill it out on page 3.		
				R 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")						
	Jou must write mone or 1	-				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WH	IICH THE PROPERTY RELATES			
Band and Altertanth)				
Editor Honer U	Chock	ing				
		J				
SUMDOIST SCHOOLS Cholving						
		J				
PART E LIABILITIES [Major debts]						
(If you have nothing to report, you must write "none" or "n/a")						
NAME OF CREDITOR		ADDRESS OF CREDITOR				
N#						
** -						
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%						
NATURE OF MY						
OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
	Mason		IGNED (required): 6/2/10			
FILING INSTRUCTIONS:						
WHAT TO FILE:	WHERE TO FIL		WHEN TO FILE:			
ifter completing all parts of this form, including igning and dating it, send back only the first If you were mailed the form by the Commiss igning and dating it, send back only the first on Ethics or a County Supervisor of Elections			<i>Initially</i> , each local officer/employee, state officer, and specified state employee must			
sheet (pages 1 and 2) for filing.	your annual disclosi	ure filing, return the form to	file within 30 days of the date of his or her			
that location. appointment or of the beginning of e						
section, you must write "none" or "n/a" in that of Elections of the county in which they perma-			the Senate must file prior to confirmation, even if that is less than 30 days from the date of their			

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.

nently 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.

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.