		-		,`		
FORM 1	STATEMENT OF			2010		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5			
LAST NAME FIRST NAME MIDDLE NAM	J BARKER					
MAILING ADDRESS: 77601 PIERCO	E AVENUL	<u> </u>		de Z		
CITY: BONITA SPAING	5: COUNTY: 5,F1 34135	LEE	ID No	de UNI 44009 Code E g. Code ©		
NAME OF AGENCY: CITY OF BONIT.	Code					
NAME OF OFFICE OR POSITION HELD OR SOUGHT: BOMAD FANLAND USE HEARIN NGS + ADJ+ZONING BOMMOF AMERICA						
You are not limited to the space on the lines on the CHECK ONLY IF CANDIDATE OR		, if necessary.		6 −− i		
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 (must check one):						
DECEMBER 31, 2010 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR						
MANNER OF CALCULATING REPORTABLE INTERESTS: 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 (must check one):						
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF INCOM (If you have nothing to report, yo						
NAME OF SOURCE OF INCOME	, ADE	RCE'S DRESS	PRI	CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY		
MATHESREALTY HIRASH, Inc. 27840 0 10 41 RD Bonity Sping REAL ESTATE Approval MATHES DEALTY, INC. 27840 0 10 41 RD Bonity Sping FC REALESTATE BROKERACE						
MATTHES REALTY, INC.			-			
ISONITA CARINGS UTILITI	1 11680 E.TENINGS	T. Bonite Springer, FL	WAT	En/SEWER VIIlity		
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]						
	you must write "none" or "n/a ME OF MAJOR SOURCES DF BUSINESS' INCOME	") ADDRESS OF SOURCE	ļ	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
MATHES REALTY APPRAUA!	BB+TBANK	3233 Thomasville Rd	93230	8 MORTGAGE LENding		
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			when a	G INSTRUCTIONS for nd where to file this form		
27840 Old 41 RO Bonita Spring, FL 34135 (OFFICE13/dg)				ated at the bottom of page 2.		
Chassakowitzka Kiverlot Approx, 2 Acres				RUCTIONS on who must s form and how to fill it out on page 3.		
CITICS COURTY FL				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")						
	I						
		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Stock	<u>M</u>	MATHES REACTY APPRAISAL, Inc. MATHES REALTY, INC.					
- 510c K	M.	ATHES REALTS	T, INC.				
PART E — LIABILITIES [Major debts] (If you have nothing to repo	Drt, you must write "none" or "	n/a")					
1			OF CREDITOR				
USA GOUT.		ADDRESS OF CREDITOR WASHINGTON, D.C.					
<u>USA COUT.</u>							
PART F — INTERESTS IN SPECIFIED BI (If you have nothing to repor	USINESSES [Ownership or posi t, you must write "none" or "n/a	a")					
	BUSINESS ENTITY # 1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3				
	onita Spaince Utilitie						
ADDRESS OF BUSINESS ENTITY	BOE. TEARY ST DA ITA Springs, FL 3.	4135					
PRINCIPAL BUSINESS ACTIVITY	ter/SEWER UTilin						
	DIRECTOR	<u></u>					
I OWN MORE THAN A 5%	JIRECIUR						
INTEREST IN THE BUSINESS	N/A						
NATURE OF MY OWNERSHIP INTEREST	NA						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
		DATE S	IGNED (required):				
			6/6/2011				
	FILING IN	STRUCTIONS:					
WHAT TO FILE:	WHERE TO F		WHEN TO FILE:				
After completing all parts of this form, i	ncluding If you were mailed	the form by the Commission	<i>Initially</i> , each local officer/employee, stae officer, and specified state employee must				
signing and dating it, send back only sheet (pages 1 and 2) for filing.	the first on Ethics or a Cou your annual discle	unty Supervisor of Elections for osure filing, return the form to	file within 30 days of the date of his or her				
If you have nothing to report in a p	that location.		appointment or of the beginning of emplo- ment. Appointees who must be confirmed by				
section, you must write "none" or "n/a	" in that of Elections of the	ployees file with the Supervisor e 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				
section(s).		you do not permanently reside h the Supervisor of the county	appointment.				
Facsimiles will not be accepted.		y has its headquarters.)	<i>Candidates</i> for publicly-elected local offi e must file at the same time they file their				
		r specified state employees nission on Ethics, P.O. Drawer	qualifying papers.				
MULTIPLE FILING UNNECESS Generally, a person who has filed Form	n 1 for a 15709, Tallahass	ee, FL 32317-5709; physical	Thereafter, local officers/employees, state officers, and specified state employees are				
calendar or fiscal year is not required second Form 1 for the same year. Ho	to file a address: 3600 M	aclay Boulevard, South, Suite FL 32312.	required to file by July 1st following each				
candidate who previously filed Form 1	because Candidates file	Candidates file this form together with their calendar year in which they hold the					
of another public position must at least fil of his or her original Form 1 when qualif	vina	1	Finally, at the end of office or employme t,				
-	lo determa	ne what category your position ne "Who Must File" Instructions	each local officer/employee, state officer, ad specified state employee is required to file a final disclosure form (Form 1F) within 60 dars of leaving office or employment.				