| FORM 1  | STATEMI  | ENT OF  |  | 2010   |  |  |
|---|--|---|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position below:   | FINANCIAL  | INTERESTS   |  |  |  |  |
| MAILING ADDRESS:  | AME:<br>Ilian Ir.  | FOR OF USE OF   |  |  |  |  |
| NAME OF AGENCY:  P: Acidal  NAME OF OFFICE OR POSITION HELD O   |  |   | Cor  | No.  |  |  |
| You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OR   |  |   |  | just .   |  |  |
| **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 INCO (If you have nothing to report,  | ME [Major sources of income to the you must write "none" or "n/a")   | reporting person]                                     |  |  |  |  |
| NAME OF SOURCE<br>OF INCOME   | SOURC<br>ADDRE   |   | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  |  |  |  |
| Lee County School Books   | 2855 Colonia Ald. A.   | Mys), F2 33966  | Principl of Pine Island Hereday  |  |  |  |
| 3   |  |   |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   | NCOME [Major customers, clients, ar<br>, you must write "none" or "n/a")<br>IAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME | nd other sources of income to<br>ADDRESS<br>OF SOURCE | busines  | 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")  NOUSE - 3725 SU 14th PI, Go God, R 339M   |  |   | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.  INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. |  |  |  |
|   |  |   |  | ER FORMS you may need are described on page 6. |  |  |

| PART D — INTANGIBLE PERSONA   | L PROPERTY [Stocks, bonds, certific           | ates of deposit, etc.]  | <del></del>  |  |  |  |
|---|---|-------------------------|--|--|--|--|
|   | g to report, you must write "none" or "n/a")  |                         |  |  |  |  |
| TYPE OF INTANGIBLE  | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |                         |  |  |  |  |
| <i></i>   |   | <del></del>             | <del></del>  |  |  |  |
|   |   |                         |  |  |  |  |
|   |   |                         |  |  |  |  |
|   |   |                         |  |  |  |  |
|   |   |                         | والمراجع المراجع |  |  |  |
| PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")  |   |                         |  |  |  |  |
| NAME OF CREDITO   | R   | ADDRESS OF CRE          | ADDRESS OF CREDITOR  |  |  |  |
| N/A   |   |                         |  |  |  |  |
|   |   | <del></del>             |  |  |  |  |
|   | <del></del>                                   |                         |  |  |  |  |
| <u> </u>  |   |                         |  |  |  |  |
| DART E INTERCATO IN ORGANICA PRODUCTOR (Our carbin as a carbin base of husinesses)  |   |                         |  |  |  |  |
| 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") |   |                         |  |  |  |  |
| <del></del>   | BUSINESS ENTITY # 1                           | BUSINESS ENTITY # 2     | BUSINESS ENTITY # 3  |  |  |  |
| NAME OF BUSINESS ENTITY   |   |                         |  |  |  |  |
| ADDRESS OF BUSINESS ENTITY  | N/14  |                         |  |  |  |  |
| 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 (required):   |   | DATE SIGNED (required): |  |  |  |  |
| FILING INSTRUCTIONS:  |   |                         |  |  |  |  |
| WHAT TO FILE:   | WHERE TO FIL                                  |                         | EN 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.

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.

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor 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.

Initially, each local officer/employee, state officer, and specified state employee mu file within 30 days of the date of his or happointment or of the beginning of emploment. Appointees who must be confirmed to the Senate must file prior to confirmation, ever if that is less than 30 days from the date of the 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 a required to file by July 1st following earlicalendar year in which they hold their politions.

Finally, at the end of office or employme t, 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.

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Lee Gurly Hortins Office PO BOX 2545 Ff. Myers, Fl 33902

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