FORM 1	STATEM	ENT OF	~ (0 (2010	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS			
LAST NAME - FIRST NAME - MIDDLE N MAILING ADDRESS:	Hed Scott	FOR OUSE OF			
2446/ WOODSAGE	DRIVE		ID Code	punits punits Consent Consent Consent	
CITY: BONIZA SPRACES NAME OF AGENCY: CITY OF BONIZAS		ID No.			
NAME OF OFFICE OR POSITION HELD O		P. Req. (Code (p)		
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OR	if necessary. PPOINTEE		C FI		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2010 MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE STATE COMPARATIVE (PERCENTAGE) THE	WHETHER THIS STATEMENT IS OR SPECIFY LE INTERESTS: IE OPTION OF USING REPORT USING COMPARATIVE THRESH ATE BELOW WHETHER THIS STA	ECEDING TAX YEAR, WHETH FOR THE PRECEDING TAX Y TAX YEAR IF OTHER THAN T FING THRESHOLDS THAT A IOLDS, WHICH ARE USUALL ATEMENT REFLECTS EITHER	HER BASED OF YEAR ENDING THE CALENDA THE CABSOLUTION OF THE CASSOLUTION OF THE CASSOLUTIO	TE DOLLAR VALUES, WHICH PERCENTAGE VALUES (see one):	
PART A PRIMARY SOURCES OF INCO	ME [Major sources of income to the you must write "none" or "n/a")				
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
TARREN COMSULTING	24AGI GLODOSA	ice Diane	EXECUTIVE ABSESSMENT		
	NCOME [Major customers, clients, , you must write "none" or "n/a" AME OF MAJOR SOURCES OF BUSINESS' INCOME		o businesses (PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NK					
		l			
PART C - REAL PROPERTY [Land, building (If you have nothing to report,	you must write "none" or "n/a")		when and	INSTRUCTIONS for where to file this form d at the bottom of page 2.	
(043:004a)	GENCH FLOWER	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
			OTHER	FORMS you may need	

PART D — INTANGIBLE PERSON (If you have nothing to							
TYPE OF INTANGIE	BLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Resources ZRA		# Person					
							
PART E — LIABILITIES [Major de (If you have nothing to		ite "none" or "n	/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR					
Home programae a			GTI MONTGAGE 800-283-7918				
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")							
fit has men manima an	BUSINESS		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NX						
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 SIGNED (required):				
			STRUCTIONS:				
WHAT TO FILE:		WHERE TO FILE: WHEN TO FILE:					

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.

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.

WHEN TO FILE:

initially, each local officer/employee, stat officer, and specified state employee mus file within 30 days of the date of his or he appointment or of the beginning of employ ment. Appointees who must be confirmed b the Senate must file prior to confirmation, eve 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 the qualifying papers.

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

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.



City of Bonita Springs

9101 BONITA BEACH ROAD BONITA SPRINGS, FL 34135

738 (34) 13 37) 53 (34) 57

Lee County Supervisor of Elections P. O. Box 2545 Fort Myers, FL 33902-2545

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City of Bonita Springs
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Bonita Springs, FL 34135

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