FORM 1	STATEME	STATEMENT OF		2010	
Please print or type your name, malling address, agency name, and position below:	FINANCIAL II	FINANCIAL INTERESTS			
MAILING ADDDECC.	Thomas LEE	FOR OF USE ON			
226 SW	45 Fen.		ID Code		
			10 7000	գ. ֆ	
CAPE CULL FLB 3914 LELL			ID No.		
NAME OF AGENCY: CITY of CAPE Eval			Conf. Code	11JUN22M09 8 45N	
NAME OF OFFICE OR POSITION HELD OR SOUGHT: HEACTH FACILITIES AUTHORITY			P. Req. Code	 	
	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.			r	
CHECK ONLY IF CANDIDATE C	OR NEW EMPLOYEE OR APPOI	NTEE			
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	_	YEAR IF OTHER THAN TH		•	
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)		_	ALUE THRESHOLDS		
	OME [Major sources of income to the reprt, you must write "none" or "n/a")	porting person]	V		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	S		OF THE SOURCE'S SINESS ACTIVITY	
STIFIEL Nichols	500 CHESTER FIEL ST. COMIS MO	10 CTA 2017	INUCAMEN	· · · · · · · · · · · · · · · · · · ·	
	ese 8099 Contacé A	of FT augens	1011	1	
SOCIAL SECURISE	7 CANÉCUS 70		INVESTMENTS		
SOCIAL SECURT	1 les 600	1+		· · · · · · · · · · · · · · · · · · ·	
	INCOME [Major customers, clients, and out, you must write "none" or "n/a")	other sources of income to	businesses owned by	the reporting person]	
· •	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	i i	NCIPAL BUSINESS IVITY OF SOURCE	
					
PART C REAL PROPERTY (Land, but	Idings owned by the reporting person?				
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.		
224 Sw 459.	Jun CAPE Crue	DU 30417		, -	
			INSTRUCTION file this form and begin on page 3.	· · · · · · · · · · · · · · · · ·	
			OTHER FORM to file are describ		

PART D — INTANGIBLE PERSONAL PROPERT (If you have nothing to report, you m	Y [Stocks, bonds, certificanust write "none" or "n/	ntes of deposit, etc.] a")			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
. /					
11/1/11/11					
l W					

			paratu paratu		
PART E — LIABILITIES [Major debts]	N 10 10 1				
(If you have nothing to report, you n	ust write "none" or "n/		DITOR S		
NAME OF CREDITOR		ADDRESS OF CREE	DITOR G		
PANL AMA.	Box 4-0	address of Cree	У. В.		
			F====		
			** **		
			1.1		
PART F — INTERESTS IN SPECIFIED BUSINESSI (If you have nothing to report, you mu	st write "none" or "n/a")		BUSINESS ENTITY #3		
BUS	INESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTIT#3		
NAME OF BUSINESS ENTITY	15				
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					
IF ANY QF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required): DATE SIGNED (required): 6 13 21911					
FILING INSTRUCTIONS:					

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 filling.

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.

WHERE TO FILE:

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, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their 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.