FORM 1			2010					
Please print or type your name, mailing address, agency name, and position belo	w. F	INANCIAL	INTERE	ESTS				
LAST NAME FIRST NAME MIDDI		<del></del>		FOR OF				
Modys Peter Ba MAILING ADDRESS:	CON	USE ON	LT.					
3317 SE 10th A	venue		I ID C					
Cape Coral, FL 33904 Lee						100 ME		
Lee County Por NAME OF AGENCY:	t Autho	rity				7 <del>7</del> 7 7 <b>7</b> 7		
Deputy Executive Director  NAME OF OFFICE OR POSITION HELD OR SOUGHT:						f. Code & Code eq. Code		
You are not limited to the space on the li CHECK ONLY IF		m. Attach additional sheets NEW EMPLOYEE OR A						
**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):  **DOTAL PROCESS TO BE TO BE THE PRECEDING 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 II	NCOME [Maj	or sources of income to ti		-				
NAME OF SOURCE OF INCOME	port, you ma.	SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
-None-								
	·							
PART B - SECONDARY SOURCES	OF INCOME	Maior customers, clients,	and other sources of	income to	husines	ses owned by the reporting person)		
(If you have nothing to report , yo NAME OF		u must write "none" or "n/a")  OF MAJOR SOURCES  BUSINESS' INCOME  OF SOURCES			S PRINCIPAL BUSINES			
-None-		MILOO MOOME	0,000	INOE.		ACTIVITY OF GOORGE		
DADT C DEAL PROPERTY (Land	huildinge own	nd hu the reporting more		<del></del>				
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	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.		
-None-						INSTRUCTIONS on who must file this form and how to fill it out		
	<del></del>				begin	on page 3.		
					OTHI to file	ER 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")								
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
-None-								
PART E — LIABILITIES [Major det (If you have nothing to		rite "none" or "r						
NAME OF CREDITOR		ADDRESS OF CREDITOR						
Chase Mortgage		P.O. Box 24696, Columbus, OH 43224						
				<u> </u>				
PART F — INTERESTS IN SPECIFIE (If you have nothing to r	eport, you must write	· wnership or positi e "none" or "n/a' ENTITY # 1	ons in certain types of businesses]  ')  BUSINESS ENTITY # 2					
NAME OF BUSINESS ENTITY	-None-							
ADDRESS OF BUSINESS ENTITY	- <u>none-</u>							
PRINCIPAL BUSINESS ACTIVITY								
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<del></del>							
NATURE OF MY OWNERSHIP INTEREST	<u> </u>	<del></del>						
IF ANY OF PARTS A THROUGH FARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required):  DATE SIGNED (required):								
1				5/27/11				
FILING INSTRUCTIONS:								
WHAT TO FILE:  After completing all parts of this form, including  If you were mailed the form by the Commission  Initially, each local officer/employee, starting and define its conditions and define its conditions and define its conditions and define its conditions and define and appointed each condition multiple each condition multiple each condition multiple each condition multiple each condition each c								

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.

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.

officer, and specified state employee mu file within 30 days of the date of his or he appointment or of the beginning of emplo ment. Appointees who must be confirmed to 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 offi must file at the same time they file the qualifying papers.

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

Finally, at the end of office or employment each local officer/employee, state officer, and specified state employee is required to file final disclosure form (Form 1F) within 60 da of leaving office or employment.