

FORM 1 F

# FINAL STATEMENT OF FINANCIAL INTERESTS

 60234  
 COMMISSION ON ETHICS  
 DATE RECEIVED  
 AUG 29 2011

2011

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:

MORTON David CARLTON

NAME OF REPORTING PERSON'S AGENCY:

Bonita Springs, FL CITY

MAILING ADDRESS:

12329 Avida LN.

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

- ☐ LOCAL OFFICER ☐ STATE OFFICER  
☐ SPECIFIED STATE EMPLOYEE

Bonita Springs, FL - 34135

LIST OFFICE OR POSITION HELD: LPA

CITY:

ZIP:

COUNTY:

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I WAS IN PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS \_\_\_\_\_, 2011. (Date must be prior to 12/31/11)

## MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILED 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 ☐ DOLLAR VALUE THRESHOLDS

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SAME AS Reported in JULY 2011		

## PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	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")

SAME AS Reported in JULY 2011

**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 of this packet.

**OTHER FORMS** you may need to file 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
SAME AS	
JULY 2011	

**PART E — LIABILITIES** [Major debts]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
SAME AS	
JULY 2011	

**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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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 OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE: David Carter DPM

DATE SIGNED: 8-27-11

## FILING INSTRUCTIONS:

### WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). **Facsimiles will not be accepted.**

### WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

### WHERE TO FILE:

**Local officers:** file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

### NOTE:

If you are leaving office or employment during the first half of 2011, you may not have filed Form 1 for 2010. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2010 by July 1 of 2011.

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*Chair*  
Susan Horovitz Maurer  
*Vice Chair*  
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State of Florida  
**COMMISSION ON ETHICS**  
P.O. Drawer 15709  
Tallahassee, FL 32317-5709

3600 Maclay Blvd., South, Suite 201  
Tallahassee, FL 32312

Philip Claypool  
*Executive Director*

Virilindia Doss  
*Deputy Executive Director*

(850) 488-7864 Phone  
(850) 488-3077 (FAX)  
[www.ethics.state.fl.us](http://www.ethics.state.fl.us)

August 30, 2011

The Honorable Sharon Harrington  
Supervisor of Elections  
P O Box 2545  
Fort Myers FL 33902-2545

Dear Ms. Harrington:

Enclosed is Form 1F, Final Statement of Financial Interests, filed with this office by the following:

David Carlton Morton 60234

Sorry this one is so late. We missed it. If you have any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in cursive script, appearing to read "Connie A. Evans".

Connie A Evans  
Executive Secretary

Enclosure

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