FORM 1	STATEM		2009			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	$S \int$	COPY		
LAST NAME - FIRST NAME - MIDDLE I	VAME:	FOR C				
MAILING ADDRESS / 13 442 BC 18 dc	1 Park Wi	4	$\left(\frac{1}{100} \right)$	<u> </u>		
CITY: COUNTY: Lee County Port Authority						
NAME OF OFFICE OR POSITION HELD		huology	P. Re			
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE O	on this form. Attach additional sheets R NEW EMPLOYEE OR A					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN. A FISCAL YEAR. PLEASE STATE BELOW		RECEDING TAX YEAR, WHET	HER BASE			
DECEMBER 31, 2009	OR SPECIFY	TAX YEAR IF OTHER THAN	THE CALE	NDAR YEAR:		
MANNER OF CALCULATING REPORTAE THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE S'	HE OPTION OF USING REPORT R USING COMPARATIVE THRESH	HOLDS, WHICH ARE USUAL	LY BASED	ON PERCENTAGE VALUES (see		
COMPARATIVE (PERCENTAGE) T	HRESHOLDS <u>OR</u>	DOLLAR:	VALUE TH	RESHOLDS		
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the type of type of the type of the type of the type of the type of type of type of the type of ty					
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
NA						
				······································		
PART B - SECONDARY SOURCES OF (If you have nothing to report	INCOME [Major customers, clients, t, you must write "none" or "n/a"		to business	ses owned by the reporting person]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NI H						
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 a	G INSTRUCTIONS for and where to file this form		
13442 Bristol Park Way				ated at the bottom of page 2.		
1-d-Myers, 1-L 3:591/S			file thi	RUCTIONS on who must sform and how to fill it out on page 3.		
				R FORMS you may need are described on page 6.		

PART D — INTANGIBLE PERSONAL PROP	ERTY [Stocks, bonds, certific	ates of deposit, etc.]		
(If you have nothing to report, y	ou must write "none" or "n	/a")		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WH	IICH THE PROPERTY RELATES	
VOOU				
]			
11111				
- 17				
PART E — LIABILITIES [Major debts]				
(If you have nothing to report, y	ou must write "none" or "n	/a")		
NAME OF CREDITOR	NAME OF CREDITOR ADDRESS OF CREDITOR			
, 1 11/1				
PART F — INTERESTS IN SPECIFIED BUSIN	ESSES IOwnership or positi	ons in certain types of husinesse	c1	
(If you have nothing to report, you	u must write "none" or "n/a"	")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY #	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY	TI IK			
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5%				
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS A THROU	GH F ARE CONTINUE		ET, PLEASE CHECK HERE	
SIGNOTURE (required):		DATE S	SIGNED (required):	
	FILING IN	STRUCTIONS:	7 1	
WHAT TO FILE:	WHERE TO FIL	E:	WHEN TO FILE:	
After completing all parts of this form, includ signing and dating it, send back only the		the form by the Commission ty Supervisor of Elections for	Initially, each local officer/employee, state officer, and specified state employee must	

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.

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.

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 posi-

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.

THE STREWT WAS

TO MA CASTO PARO L

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS, FL 33902-9888

BERNIE FELICIANO

Lillia Hilla Haranda Halanda kalada da Haranda da Aranda da Aranda