FORM 1		STATEM	ENT OF		2010	
Please print or type your name, mailing address, agency name, and position be	low:	FINANCIAL	INTEREST	s	/	
LAST NAME FIRST NAME MIDI Nelson, Ben Lamar Jr		I: 	FOR ( USE (	OFFICE DNLY:	-11JUN	
MAILING ADDRESS : 10900 E. Terry Stree	t				Code	
CITY : Bonita Springs	ZIP 3413	+		ID N	FT1	
City of Bonita Springs				1 I	f. Code	
NAME OF OFFICE OR POSITION H	ELD OR S	SOUGHT :		I P. R	eq. Code	
You are not limited to the space on the CHECK ONLY IF CANDIDATE		is form. Attach additional sheets,				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 201 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILEF REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS COMPARATIVE (PERCENTAGE	LOW WH 0 RTABLE II RS THE 0 , OR US E STATE	ETHER THIS STATEMENT IS I <u>OR</u> D SPECIFY T <b>NTERESTS:</b> DPTION OF USING REPORT ING COMPARATIVE THRESH BELOW WHETHER THIS STA	FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN TING THRESHOLDS THAT OLDS, WHICH ARE USUAL TEMENT REFLECTS EITHE	YEAR ENI THE CALE ARE ABSO LY BASEL R (must ch	DING EITHER (must check one): NDAR YEAR: OLUTE DOLLAR VALUES, WHICH O ON PERCENTAGE VALUES (see	
PART A PRIMARY SOURCES OF	INCOME	[Major sources of income to th				
(If you have nothing to report, you NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Nelson Marine Construction		10923 Enterprise Avenue			Marine Construction	
PART B SECONDARY SOURCES (If you have nothing to r		ME [Major customers, clients, u must write "none" or "n/a"		to busines	ses owned by the reporting person]	
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
					<b>}</b>	
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	
vacant lot - 10850 E. T				l	cated at the bottom of page 2.	
commercial - 10530 Wi		gs	INSTRUCTIONS on who must file this form and how to fill it out			
Residential - 27075 Cente					on page 3.	
Industrial - 10923 Enterp Industrial - 10939 Enterprise A		<u>gs</u>		ER FORMS you may need are described on page 6.		

		i i					
TYPE OF INTANGIBLE			BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
<u>//A</u>				······································			
_ <u></u>			<del></del>				
PART E — LIABILITIES [Major de (If you have nothing to		nust write "none" or "r	n/a")				
		1	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `				
NAME OF CREDIT				OF CREDITOR			
<u>//A</u>	<u></u>		<del></del>	· · · · · · · · · · · · · · · · · · ·			
<b></b>							
PART F — INTERESTS IN SPECIFI	ED BUSINESSI	ES [Ownership or positi	ons in certain types of businesses	5]			
(If you have nothing to a	report, you mu	ist write "none" or "n/a	<b>")</b>	-			
	[	SINESS ENTITY # 1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	N/A						
DDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY			<u></u>				
OWN MORE THAN A 5%			<u> </u>				
INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST							
IF ANY OF PARTS A	THROUGH	F ARE CONTINUE		ET, PLEASE CHECK HERE			
SIGNATURE (required):			DATE S	SIGNED (required) <sup>7</sup>			
		·	المت المسيرين في من المسير المسيري الأسري				
		FILING IN	<b>STRUCTIONS:</b>				
WHAT TO FILE:		WHERE TO FIL		WHEN TO FILE: Initially, each local officer/employee, s			
After completing all parts of this form, including signing and dating it, send back only the first		If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for		initially, each local officer/employee, s officer, and specified state employee			
sheet (pages 1 and 2) for filing.		your annual disclosure filing, return the form to that location.		file within 30 days of the date of his or appointment or of the beginning of emp			
If you have nothing to report in a particular		Local officers/employees file with the Supervisor		ment. Appointees who must be confirme			
section, you must write "none" or "n/a" in that section(s).		of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county		the Senate must file prior to confirmation, e if that is less than 30 days from the date of			
				appointment.			
Facsimiles will not be accepted.		where your agency has its headquarters.)		Candidates for publicly-elected local or must file at the same time they file			
NOTE: MULTIPLE FILING LINNECESSARY		State officers or specified state employees file with the Commission on Ethics, P.O. Drawer		qualifying papers.			
<b>MULTIPLE FILING UNNECESSARY:</b> 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		15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.		Thereafter, local officers/employees, c			
				officers, and specified state employees required to file by July 1st following			
	candidate who previously filed Form 1 because		Candidates file this form together with their calendar year in which they				
second Form 1 for the same year candidate who previously filed Form	m 1 because		his form together with their	tions			
second Form 1 for the same year candidate who previously filed Form of another public position must at lea	m 1 because ast file a copy	qualifying papers.	-	tions. <i>Finally</i> , at the end of office or employr			
second Form 1 for the same year	m 1 because ast file a copy	qualifying papers. To determine	e what category your position Who Must File" Instructions	tions. <b>Finally</b> , at the end of office or employed each local officer/employee, state officer specified state employee is required to			