FORM 1	STATEM	IENT OF		2009	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	L INTEREST	S		
LAST NAME FIRST NAME MIDDLE NO CLASS (MACLE)	s Koloer	FOR C			
18829 Spruce	Drwest		/, <u> </u>	Code	
, 		/			
FtMyers 3	3767 LE	<u>e</u> /	IDI	40.	
NAME OF AGENCY: Southern Hills	COP	V	Cor	if. Code	
NAME OF OFFICE OR POSITION HELD OF SECAL FRANCE	R SOUGHT :		P. R	teq. Code	
You are not limited to the space on the lines of					
CHECK ONLY IF CANDIDATE OR			**		
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 (check one): DECEMBER 31, 2009 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:					
MANNER OF CALCULATING REPORTABL THE LEGISLATURE ALLOWS FILERS TH REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE STA	EINTERESTS: E OPTION OF USING REPOR USING COMPARATIVE THRESI ITE BELOW WHETHER THIS ST	TING THRESHOLDS THAT A HOLDS, WHICH ARE USUAL ATEMENT REFLECTS EITHE	ARE ABS LY BASEI R (check o	OLUTE DOLLAR VALUES, WHICH O ON PERCENTAGE VALUES (see	
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	sou	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
LAND MAI GINUP. COM	2801 Rue Hall			struction Mang.	
			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
PART B SECONDARY SOURCES OF IN	COME [Major customers, clients, you must write "none" or "n/a	and other sources of income	to busines	ses owned by the reporting person]	
	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NA					
					
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a") 18829 Spruce Drwes		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
1002-1 Spruce PI			file thi	RUCTIONS on who must s form and how to fill it out on page 3.	
				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/	ates of deposit, etc.) /a")			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
1 7/1/2	-	BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES		
PART E — LIABILITIES [Major debts]					
(If you have nothing to report, you r	nust write "none" or "n/a	a")			
NAME OF CREDITOR		ADDRESS OF CREDITOR			
,					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
(If you have nothing to report, you mu	st write "none" or "n/a")				
BUS	INESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	V+				
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 (required): DATE SIGNED (required): 1/9/10					
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 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.

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 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.

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C. Robert Melson
18829 Spreech West
Ft. Myars FL 33967

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P.O. Box 2545 Ft. Myors FL 33902

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