FORM 1	STATEM	IENT OF	2010			
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS				
LAST NAME - FIRST NAME MIDD		FOR OFFICE	Ē			
O'Shea, Sandra B MAILING ADDRESS:	•	USE ONLY:				
1981 Indian Creel	c Drive					
North Fort Myers	, FL 33917	Lee	ID Code	-		
CITY	ZIP : COUNTY :		ID No.	1114		
Property Appraise	er's Office (Lee)			11MAY27PM0129\$0ELeeCo		
Director, Budget	ing & Personnel		Conf. Code	PHO		
NAME OF OFFICE OR POSITION HELD OR SOUGHT :			P. Req. Code	<u> </u>		
You are not limited to the space on the li	nes on this form. Attach additional sheets	, if necessary.		- DE		
		· •		ଁଞ୍ଚ		
	BOTH PARTS OF THIS SECT	ION MUST BE COMPLETED		<u> </u>		
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):						
DECEMBER 31, 2010) <u>OR</u> D SPECIFY	TAX YEAR IF OTHER THAN THE C	ALENDAR YEAR:			
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER		TING THRESHOLDS THAT ARE A	ABSOLUTE DOLLAR VA	LUES, WHICH		
THE LEGISLATURE ALLOWS FILERS 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):						
		—	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		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Employment	N/A		N/A			
PART B SECONDARY SOURCES	OF INCOME [Major customers, clients, port, you must write "none" or "n/a	and other sources of income to bus	inesses owned by the rep	orting person]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL ACTIVITY O			
N/A	N/A	N/A	N/A			
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			
None			are located at the bottom of page 2.			
		file	STRUCTIONS on we this form and how to gin on page 3.			
		· · · · · · · · · · · · · · · · · · ·		may need		
			OTHER FORMS you may need to file are described on page 6.			

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PART D — INTANGIBLE PERSONAL PR (If you have nothing to repor				1.	
TYPE OF INTANGIBLE		BUSINESS ENTITY	TY TO WHICH THE PROPERTY RELATES		
None					
PART E — LIABILITIES [Major debts] (If you have nothing to repor	t, you must write "none" or '	"n/a")			
		AC	ADDRESS OF CREDITOR		
None					
				<u> </u>	
			<u> </u>		
PART F — INTERESTS IN SPECIFIED BUS (If you have nothing to report,	you must write "none" or "n/	a")	usinessesj		
	BUSINESS ENTITY # 1		ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	<u>N/A</u>		<u> </u>	N/A	
ADDRESS OF BUSINESS ENTITY	•				
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5%					
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A	\$	N/A	
IF ANY OF PARTS A THRC	UGH F ARE CONTINU	ED ON A SEPARAT	E SHEET. PLEAS		
	Idia O'l	ha	DATE SIGNED (require 5-25	red):	
		STRUCTIO			
WHAT TO FILE: After completing all parts of this form, ind signing and dating it, send back only the sheet (pages 1 and 2) for filing. If you have nothing to report in a part	where to F sluding the first on Ethics or a Co your annual discl that location.	ILE: d the form by the Community Supervisor of Electic osure filing, return the fo	WHEN T Initially, e ons for officer, and form to file within appointmen	O FILE: each local officer/employee, stat d specified state employee mu <i>30 days</i> of the date of his or h nt or of the beginning of emplo pointees who must be confirmed t	
section, you must write "none" or "n/a" section(s).	in that of Elections of th	ployees file with the Supe e county in which they p	perma- the Senate	must file prior to confirmation, even than 30 days from the date of the	

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.

nently 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.

appointment

Candidates for publicly-elected local offic must file at the same time they file the qualifying papers.

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

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



STATE OF FLORIDA LEE COUNTY PROPERTY APPRAISER KENNETH M. WILKINSON, C.F.A.

MEMBER MEMBER Hernational Association

Mailing Address: P.O. Box 1546 Fort Myers, Florida 33902-1546 Physical Address: 2480 Thompson Street Fort Myers, Florida 33901-3074

Telephone: (239) 533-6100 -- (866) 673-2868 (From anywhere in continental US/Canada/Florida except 239 area code) Facsimile: (239) 533-6160 -- Website: www.leepa.org

MEMORANDUM

- TO: Sharon L. Harrington Lee County Supervisor of Elections
- FROM: Sandra O'Shea Director, Budgeting & Personnel Lee County Property Appraiser's Office

DATE: May 26, 2011

RE: Form 1 - Statement of Financial Interests for 2010

In response to your memorandum relative to the above subject, please find attached my completed and signed Statement of Financial Interests (Form 1) for 2010.

Please contact me at 533-6108 or via e-mail to <u>OsheaS@leepa.org</u> if you require additional information concerning the above.

/bah Attachment