FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

		FINANCIAI	LINTERESTS	5		4 6	
(TO BE FILEI) WITHI	N 60 DAYS OF LEAV	VING PUBLIC OFFI	CE OR	EMPLOYMENT)	(E)	
LAST NAME FIRST NAME	MIDDLE NAM	ΛE:	NAME OF REPORTING PERSON'S AGENCY:			H	
Ratz James M		VING PUBLIC OFFICE OR EMPLOYMENT) NAME OF REPORTING PERSON'S AGENCY: Bella Vida Community Development Distriction					
MAILING ADDRESS:							
13179 Regent Cir		LOCAL OFFI	CER [STATE OFFICER	35		
Ft. Myers 33966 Lee			☐ SPECIFIED S	STATE EM		ا ا	
CITY: Z	IP:	COUNTY:	LIST OFFICE OR POSITION	ON HELD:	Assistant Secretary	<u></u>	
OFFICE OR EMPLOYMENT DES MANNER OF CALCULATING THE LEGISLATURE ALLOWS FIL FEWER CALCULATIONS, OR U further details). PLEASE STATE COMPARATIVE (I PART A PRIMARY SOURCE	MY FINANCIAL SCRIBED ABO G REPORTA LERS THE OP ISING COMPA BELOW WHE PERCENTAGE	L INTERESTS FOR THE PER DVE, WHICH DATE WAS Feb BLE INTERESTS: PION OF USING REPORTING ARATIVE THRESHOLDS, WHETHER THIS STATEMENT RE E) THRESHOLDS OME [Major sources of inconumust write "none" or "n/a"	G THRESHOLDS THAT ARE ABHICH ARE USUALLY BASED CEFLECTS EITHER (must check OR	2011 AND , 20 DSCLUTE DN PERCE (oth): LLAR	THE LAST DATE I HELD THE PUI 1011. (Date must be prior to 12/31 LOLIAN VILUIS, WHITH REQUI ENTAGE VALUES (See Instruction) UE THE ESHOLLS	/11) RES	
OF INCOME	VIII.	ADDF	RESS	PRINCIPAL BUSINESS ACTIVITY			
D.R. Horton, Inc.		13880 Treeline Ave,	, Ft. Myers, FL 33913	nome	bullaer		
Win 1990							
THE THE STATE OF T							
48				1			
(If you have nothing NAME OF BUSINESS ENTITY	to report, you	INCOME [Major customers, of unust write "none" or "n/a" ME OF MAJOR SOURCES F BUSINESS' INCOME		come to bu	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	ion]	
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 are located at the bottom of page 2.		
24-44-26-06-00050-0180, 2714 22nd St. W, Lehigh, FL					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		



PART D — INTANGIBLE P (If you have nothin	ERSONAL PROPI g to report, you mu	ERTY [Stocks, bonds ist write "none" or "r	, certificates of deposit, etc.]					
TYPE OF INTANGIBLE		ľ	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
N/A		N/A						
								
, , , , , , , , , , , , , , , , , , , ,								
PART E — LIABILITIES [M (If you have nothing		st write "none" or "n	ıla")					
NAME OF CREDITOR			ADDRESS OF CREDITOR					
Bank of America	Bank of America		PO Box 5170, Simi Valley, CA 93062					
PART F — INTERESTS IN S (If you have nothing	to report, you mus	IESSES [Ownerships: twrite "none" or "n/			BUSINESS ENTITY # 3			
NAME OF	N/A		N/A		/A			
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 CONTINUE	D ON A SEPARATE SHE	ET, PLEAS	SE CHECK HERE			
SIGNATURE: James N	a Ret		DATE SIGNED: 3/01/11					
•	j	FILING IN	STRUCTIONS:					
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 nosition within the 60-day period that		Local officers Elections of the conently reside. (If you in Florida, file with where your agency State officers ees: file with the Drawer 15709, Taphysical address: South, Suite 201, To determine	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 employers: file with the Commission on Ethics, P.O. brawer 15709, Tallahassee, FL 32317-5709; hysical address: 3600 Maclay Boulevard, Bouth, Suite 201, Tallahassee, FL 32312. To determine what category your position alls under, see the "Who Must File" Instructions in 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.			

Form 6.