FORM 1		STATEMENT OF	·····		2010
Please print or type your name, mailing address, agency name, and position below		FINANCIAL INTERI	ESTS		
	NAME JUL		FOR OFF		
MAILINGADDRESS: 23620 WISTERIA 1	POIN	TE DR.		I ID Co	de
#1103					
BONITA SPRINGS	ZIP :	34135 LEE		ID No	PR12
NAME OF AGENCY : VELONAWALK COMML NAME OF OFFICE OR POSITION HEL	INITC	V DEVELOPMENT DISTRICT		Conf.) Q
SUPERVISOR					
	es on this OR	s form. Attach additional sheets, if necessary.			с в С
A FISCAL YEAR. PLEASE STATE BELC DECEMBER 31, 2010 MANNER OF CALCULATING REPORT. THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS.	W WHE ABLE IN THE C OR USI STATE	OPTION OF USING REPORTING THRESHOLD NG COMPARATIVE THRESHOLDS, WHICH AR BELOW WHETHER THIS STATEMENT REFLEC	DING TAX YE ER THAN TH DS THAT AF RE USUALLY	EAR END IE CALEN RE ABSO Y BASED (must che	ING EITHER (must check one): IDAR YEAR: ILUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see ack one):
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	COME ort, you	[Major sources of income to the reporting person] must write "none" or "n/a")			
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			CRIPTION OF THE SOURCE'S
AUTE GROUP - EMPLO	IFR	9240 ESTERD PARK COMMON	S BUD	RES	IDENTIAL
ESTERD, FL 33928					NE BUILDER
PART B SECONDARY SOURCES (If you have nothing to re NAME OF BUSINESS ENTITY	oort , ye NAM		of income to RESS DURCE	busines:	PRINCIPAL BUSINESS
AITA		· · · · · · · · · · · · · · · ·			
NIA					
PART C REAL PROPERTY [Land, (If you have nothing to rej	ouildings oort, you	s owned by the reporting person] u must write "none" or "n/a")		when are lo INST file th	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2. RUCTIONS on who must is form and how to fill it out on page 3.
/	\cup_{j}	<i>H</i> T		отн	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 mu	st write "none" or "	n/a")			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
401K	DEVER	AL -401 KT	yough employer		
			0 / 0		
PART E — LIABILITIES [Major debts] (If you have nothing to report, you mu	st write "none" or "r	n/a")			
NAME OF CREDITOR	ł	ADDRESS	OF CREDITOR		
FORD MOTOR CREDIT	OUE A	AMERICAN ROA			
	AEAAA	ORN, MI 481	1210		
	NEARCE	URN, MIL FOI	$\neq \psi$		
PART F — INTERESTS IN SPECIFIED BUSINESSES		ions in portain types of hypingson	1		
(If you have nothing to report, you must	write "none" or "n/a	")	51		
BUSIN	ESS ENTITY # 1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY	114	1/14	$() (\land)$		
	נ ון כ		NIT		
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					
	DATE S	IGNED (required): 4/9/2011			
		STRUCTIONS:			
WHAT TO FILE:	WHERE TO FIL		WHEN TO FILE:		
After completing all parts of this form, including signing and dating it, send back only the first		the form by the Commission nty Supervisor of Elections for	Initially, each local officer/employee, state officer, and specified state employee must		
sheet (pages 1 and 2) for filing.	your annual disclos that location.	sure filing, return the form to	file within 30 days of the date of his or he appointment or of the beginning of employ-		
If you have nothing to report in a particular section, you must write "none" or "n/a" in that		bloyees file with the Supervisor	ment. Appointees who must be confirmed by the Senate must file prior to confirmation, even		
section(s).	nently reside. (If yo	county in which they perma- ou do not permanently reside	if that is less than 30 days from the date of the appointment.		
Facsimiles will not be accepted.		the Supervisor of the county has its headquarters.)	Candidates for publicly-elected local office		
NOTE:	State officers or	State officers or specified state employees must file at the same			
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a	file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical Thereafter , local officers/employ				

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.

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.

officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

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

FORM 1 STATEMENT OF					2010	
Please print or type your name, mailing address, agency name, and position below		FINANCIAL INTER	ESTS			
LAST NAME - FIRST NAME - MIDDLE	FOR OF					
ABLAD WISTERIA			de			
#1103	1		**************************************			
BONITA SPRINGS	ZIP :	34135 LEE	4	ID No	12000	
NAME OF AGENCY : QUARRY COMMUNT	UD	EVELOPMENT DISTRICT		Conf.	ü	
SUPERVISOR			_		q. Code 并 	
	OR	s form. Attach additional sheets, if necessary.			Ö F	
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 (must check one): Image:						
PART A PRIMARY SOURCES OF I	COME	[Major sources of income to the reporting perso				
(If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE SOURCE'S OF INCOME ADDRESS				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
PULTE GROUP - EMPLOYER 9240 ESTERD PARK COMMONS				RES	IDENTIAL	
ESTERD, FL 33928					ME BUILDER	
			a of income to		reasoning percent	
VART B SECONDARY SOURCES (If you have nothing to re NAME OF BUSINESS ENTITY	port , yo NAM		DRESS SOURCE	5 Dusines:	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
- N/H-					1	
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	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.	
11/A				file th	RUCTIONS on who must is form and how to fill it out on page 3.	
10/11				OTH to file	ER FORMS you may need are described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, you m	/ [Stocks, bonds, certifi ust write "none" or "	cates of deposit, etc.]				
		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
401K	DEVER	AL - 401 K th	rough employer			
			0 / 0			
PART E — LIABILITIES [Major debts] (If you have nothing to report, you m	ust write "none" or "r	n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR				
FORD MOTOR CREDIT	ONE A	AMERICAN ROA	3			
		ORN, MI 481				
PART F INTERESTS IN SPECIFIED BUSINESSE (If you have nothing to report, you mus	S [Ownership or positi at write "none" or "n/a	ions in certain types of businesses ")	1			
BUSI	NESS ENTITY # 1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY		1 1 1 + 1	- 0/A			
POSITION HELD WITH ENTITY			///			
INTEREST IN THE BUSINESS NATURE OF MY						
OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE (required):	Dru	DATE SI	GNED (required): 1/9/2011			
Auura a.	Ray		4/9/2011			
WHAT TO FILE:		STRUCTIONS:				
After completing all parts of this form, including		the form by the Commission	WHEN TO FILE: Initially, each local officer/employee, state			
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.		nty Supervisor of Elections for sure filing, return the form to	officer, and specified state employee must file <i>within 30 days</i> of the date of his or her appointment or of the beginning of employ-			
If you have nothing to report in a particular section, you must write "none" or "n/a" in that	Local officers/employees file with the Supervisor		ment. Appointees who must be confirmed by the Senate must file prior to confirmation, ever			
section(s).	nently reside. (If yo	county in which they perma- ou do not permanently reside	if that is less than 30 days from the date of their appointment.			
Facsimiles will not be accepted.	the Supervisor of the county has its headquarters.)	Candidates for publicly-elected local office				
NOTE: MULTIPLE FILING UNNECESSARY:	file with the Comm	specified state employees ission on Ethics, P.O. Drawer	 must file at the same time they file their qualifying papers. <i>Thereafter</i>, 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 positions. <i>Finaliy</i>, 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. 			
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a	address: 3600 Ma	e, FL 32317-5709; physical clay Boulevard, South, Suite				
second Form 1 for the same year. However, a candidate who previously filed Form 1 because		-L 32312. his form together with their				
of another public position must at least file a copy of his or her original Form 1 when qualifying.	qualifying papers. To determine	e what category your position				
		"Who Must File" Instructions				

j.

FORM 1		2010			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERI	ESTS			
	IAME : NNE	FOR OFFICE USE ONLY:			
AAILINGADDRESS: 23620 WISTERIA H	DINTE DR.	I ID Co	de Pi		
#1103		de APR12AM08833SNE			
BONITA SPRINGS		iD No	000 000 000 000 000 000 000 000 000 00		
NAME OF AGENCY: VILLAGE WALK OF BONITI (DMMUNITY DEVELOPM) NAME OF OFFICE OR POSITION HELD	4 SPRINGS SENT ANSTRICT		Code		
SUPERVISOR	on this form. Attach additional sheets, if necessary.	· r. Ke			
CHECK ONLY IF CANDIDATE C					
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): Image: December 31, 2010 Image: December 31, 2010 Image: December 31, 2010 Image: December 31, 2010 Image: Specify tax year if other than the calendar year:					
PART A PRIMARY SOURCES OF INC (If you have nothing to report	OME [Major sources of income to the reporting person t, you must write "none" or "n/a")				
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		CRIPTION OF THE SOURCE'S		
PULTE GROUP - EMPLOY	IS BUT RESIDENTIAL				
		MEBUILDER			
	ESTERD, FL 33928 INCOME [Major customers, clients, and other sources	of income to busines	ses owned by the reporting person]		
	ort , you must write "none" or "n/a") NAME OF MAJOR SOURCES ADD		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/H +					
PART C REAL PROPERTY [Land, bu (If you have nothing to repo	ildings owned by the reporting person] rt, you must write "none" or "n/a")	when	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.		
/	1/A	file th	RUCTIONS on who must is form and how to fill it out on page 3.		
/(///		ER FORMS you may need are described on page 6.		

ocks, bonds, certificates of deposit, etc.] write "none" or "n/a")						
BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
SEVERAL - 401 K Through employer						
0 / 0						
write "none" or "n/a")						
ADDRESS OF CREDITOR						
ONE AMERICAN ROAD						
SEARBORN, MI 48126						
NORN, MI FORAU						
Ownership or positions in certain types of businesses]						
rite "none" or "n/a")						
SS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3						
H = 1/H = 1/A						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): Auguar a. Ray DATE SIGNED (required): 4/9/2011						
FILING (INSTRUCTIONS: //						
 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. Condidates file this form together with their 						

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.

calendar year in which they hold their tions.

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.

of another public position must at least file a copy

of his or her original Form 1 when qualifying.

FORM 1	FORM 1 STATEMENT OF				2010	
Please print or type your name, mailing address, agency name, and position below	<i>.</i>	FINANCIAL INTERI	ESTS			
MAILING NODDESS -	ANN	FOR OFF USE ONL				
23620 WISTERIA	POIN	TE DR.		ID Cod	je	
#/103			111PP			
BONITA SPRINGS		34135 LEE		ID No.	R12AM	
	NTL L	SEVELOPMENT AISTRICT		Conf. P. Rec	Code Code	
SUPERVISOR		form. Attach additional sheets, if necessary.		<u></u>		
					ree Oo P	
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 (must check one): Image:						
PART A PRIMARY SOURCES OF I	COMPARATIVE (PERCENTAGE) THRESHOLDS <u>OR</u> <u>D</u> DOLLAR VALUE 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	NAME OF SOURCE SOURCE'S			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
PULTE GROUP - EMPLOYER 9240 ESTERD PARK COMMON			5 BUD	REC	NFAJTIAT.	
ESTERD, FL 33928					NE BUILDER	
			of in	. h.,	an owned by the reporting parage	
PART B SECONDARY SOURCES (If you have nothing to re NAME OF BUSINESS ENTITY	port , yo NAM		of income to RESS DURCE	o dusiness	PRINCIPAL BUSINESS	
A						
AIA	<u> </u>					
PART C – REAL PROPERTY [Land, (If you have nothing to re		owned by the reporting person] a must write "none" or "n/a")		when	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.	
	1)	1A		file th	RUCTIONS on who must is form and how to fill it out on page 3.	
/		///		OTH to file	ER FORMS you may need are described on page 6.	

			•			
PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, you m	[Stocks, bonds, certifient ust write "none" or "it	cates of deposit, etc.] n/a")				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
401K	DEVER	AL - 401 K to	yough employer			
			and any of the			
PART E - LIABILITIES [Major debts]						
(If you have nothing to report, you mu	ust write "none" or "r	√a")				
NAME OF CREDITOR			OF CREDITOR			
FORD MOTOR CREDIT		MERICAN ROA				
	SEARB	ORN, MI 481	26			
		,				
· · · · · · · · · · · · · · · · · · ·		······································				
PART F INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or positi	ons in certain types of businesses	3]			
(If you have nothing to report, you mus	t write "none" or "n/a' NESS ENTITY # 1	")				
		BUSINESS ENTITY #	2 BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY	114	114	$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $			
POSITION HELD WITH ENTITY	נ ון כ		10/FF			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	/					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):	1 Paul	DATE S	IGNED (required):			
		STDUCTIONS.	11/0-011			
FILING INSTRUCTIONS:						
WHAT TO FILE: After completing all parts of this form, including		WHERE TO FILE: WHEN TO FILE: If you were mailed the form by the Commission Initially, each local officer/err				
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.		on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to file within 30 days of the date				
	that location.		appointment or of the beginning of employ-			
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).	of Elections of the nently reside. (If yo	Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside to Elections of the county in which they perma- nently reside. If you do not permanently reside appointment. Appointees who must be country if that is less than 30 days from the appointment.				
Facsimiles will not be accepted.		the Supervisor of the county has its headquarters.)	Candidates for publicly-elected local office			
NOTE:	State officers or	specified state employees	must file at the same time they file their qualifying papers.			
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a	15709, Tallahasse	ission on Ethics, P.O. Drawer e, FL 32317-5709; physical clay Boulevard, South, Suite 1 32312	Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each			
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	,	nis form together with their	calendar year in which they hold their posi- tions.			

qualifying papers.

on page 3.

To determine what category your position

falls under, see the "Who Must File" Instructions

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 day of leaving office or employment.

of his or her original Form 1 when qualifying.