FORM 1	ORM 1 STATEMENT OF			2009	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERES	rs [		
LAST NAME FIRST NAME MIDDLE NA	AME:		ROFFICE		7
REITMANN, MICHA	EL -(NMN)	USE	E ONLY:		呈
1010 S. TOWN a RI				Code	
FT. MYERS 33	919 LEE  COUNTY:			oue	09#3
DISASTER ADVISO	RY COUNTY:		IDN	lo.	10JUN1778MO9#3SNELeeCoF1
NAME OF AGENCY:  MEMBER			Con	f. Code	S #
NAME OF OFFICE OR POSITION HELD O	R SOUGHT :		PR	eq. Code	Ď
			- 1.10		
You are not limited to the space on the lines of CHECK ONLY IF  CANDIDATE OR			•		
CANDIDATE ON	INCW EMPEOTEE OR A	FFORTEL			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINAL	**BOTH PARTS OF THIS SECT	ECEDING TAX YEAR, WH	ETHER BASI	ED ON A CALENDAR	YEAR OR ON
A FISCAL YEAR. PLEASE STATE BELOW 1 DECEMBER 31, 2009		TAX YEAR IF OTHER THA		•	one):
MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR Instructions for further details). PLEASE STA	E OPTION OF USING REPORUSING COMPARATIVE THRES	IOLDS, WHICH ARE USU	ALLY BASED	ON PERCENTAGE	UES, WHICH VALUES (see
COMPARATIVE (PERCENTAGE) TH			R VALUE TH		
PART A PRIMARY SOURCES OF INCOME. (If you have nothing to report,	ME [Major sources of income to to to the state of the sta	ne reporting person]			<del>, , , , , , , , , , , , , , , , , , , </del>
NAME OF SOURCE OF INCOME	l .	RCE'S RESS		SCRIPTION OF THE S	
U/A					
• /					
				- :	
PART B SECONDARY SOURCES OF IN (If you have nothing to report	COME [Major customers, clients, you must write "none" or "n/a	and other sources of incom")	ne to busines	ses owned by the repo	rting person]
NAME OF NAME O	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE			SOURCE
N/A					
	<u> </u>				
DART C. REAL PROPERTY II and building	and the state of t		-		
PART C REAL PROPERTY [Land, building (If you have nothing to report, you	igs owned by the reporting person ou must write "none" or "n/a")		when a	IG INSTRUCTIO and where to file the cated at the bottom	is form
N/CI				RUCTIONS on wi	-
			file thi	s form and how to on page 3.	
				ER FORMS you mare described on p	

(if you have nothing to report, you m	iust write "none" or "n/a")			
TYPE OF INTANGIBLE	BU	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N/A				
			·	1
	<u> </u>			H
		·	·	
				4
PART E — LIABILITIES [Major debts] (If you have nothing to report, you may	uset write "none" or "n/a")			
	I	1000500 OF ODER!T		
NAME OF CREDITOR		ADDRESS OF CREDIT	JR	H
<i>N/A</i>				╂
			+	Ц
			1	
PART F — INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or positions in o	certain types of businesses]		
(If you have nothing to report, you mus	st write "none" or "n/a") INESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
	74	DOUNTED LIVIN I		H
NAME OF BUSINESS ENTITY	<u> </u>			
ADDRESS OF BUSINESS ENTITY	<u> </u>			4
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY				
OWNERSHIP INTEREST				
	- ARE CONTINUED ON	A SEPARATE SHEET, PLEA	SE CHECK HERE	
OWNERSHIP INTEREST  IF ANY OF PARTS A THROUGH F SIGNATURE (required):	F ARE CONTINUED ON	DATE SIGNED (reg	uired):	
IF ANY OF PARTS A THROUGH F		DATE SIGNED (reg		
IF ANY OF PARTS A THROUGH F SIGNATURE (required):	let p.	DATE SIGNED (reg	uired):	
OWNERSHIP INTEREST  IF ANY OF PARTS A THROUGH F SIGNATURE (required):	FILING INSTE	DATE SIGNED (required for the second	TO FILE:	
IF ANY OF PARTS A THROUGH F SIGNATURE (required):  WHAT TO FILE: After completing all parts of this form, including	FILING INSTE	DATE SIGNED (required to be a second	TO FILE:	state musi
IF ANY OF PARTS A THROUGH F SIGNATURE (required):  WHAT TO FILE:	FILING INSTE	TOTAL SIGNED (required to the composition of the commission of the commission of the composition of the comp	TO FILE:	musi Her

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.

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.

if that is less than 30 days from the date of th appointment.

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

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

Finally, at the end of office or employ specified state employee is required to file final disclosure form (Form 45) each local officer/employee, state officer of leaving office or employment.

FORM 1	STATEMENT OF			2009
Please print or type your name, mailing address, agency name, and position below:		INTERESTS	<b>,</b> [	
LAST NAME - FIRST NAME - MIDDLE N KEITMANN MICH, MAILING ADDRESS: 1010 S. TOWN + K	AEL (NMN)	FOR OF USE ON		*10
FT. MYERS 33	ZIP: COUNTY:  OVERSIGNT COMM  OR SOUGHT:  on this form. Attach additional sheets.	s, if necessary.	ID N	TOUR TANO 9235 NE Lee Co
DISCLOSURE PERIOD:	**BOTH PARTS OF THIS SECTI	ION MUST BE COMPLETED**		
THIS STATEMENT REFLECTS YOUR FINAL FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2009  MANNER OF CALCULATING REPORTABING REPORTABING REPORTABING PLEASE STATE STREQUIRES FEWER CALCULATIONS, OR INSTRUCTIONS FOR Further details). PLEASE STATEMENT P	WHETHER THIS STATEMENT IS  OR SPECIFY  LE INTERESTS: HE OPTION OF USING REPORT USING COMPARATIVE THRESH  TATE BELOW WHETHER THIS STA	FOR THE PRECEDING TAX YI TAX YEAR IF OTHER THAN TH TING THRESHOLDS THAT AF HOLDS, WHICH ARE USUALLY ATEMENT REFLECTS EITHER  DOLLAR VA	EAR END HE CALE RE ABSO Y BASED (check o	DING EITHER (check one):  ENDAR YEAR:  OLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,	DME [Major sources of income to the you must write "none" or "n/a")	ne reporting person]		
NAME OF SOURCE OF INCOME	NAME OF SOURCE SOURCE'S		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
CESCUEADY COURCES OF				
· · · · · · · · · · · · · · · · · · ·	NCOME [Major customers, clients, t, you must write "none" or "n/a" NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ")  ADDRESS OF SOURCE	busines:	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY (Land, buildi (If you have nothing to report,	ings owned by the reporting person you must write "none" or "n/a")		when a are loc	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.  RUCTIONS on who must
			file thi	is form and how to fill it out on page 3.
				ER FORMS you may need are described on page 6.

PART D — INTANGIBLE PERSONA (If you have nothing to	L PROPERTY [Stocks, bonds, certifica report, you must write "none" or "n/a	tes of deposit, etc.]			
TYPE OF INTANGIBL	E	BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES		
N/A					
	report, you must write "none" or "n/a	") ADDRESS OF CREI	DITOR		
NAME OF CREDITOR		ADDITEGO OF OILE			
10/14	<u> </u>				
PART F INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]  (If you have nothing to report, you must write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3					
NAME OF BUSINESS ENTITY	NA				
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):  6-15-10			required):		
FILING INSTRUCTIONS:					
WHAT TO FILE:	WHERE TO FILE	: WHE	N 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 filling.

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.

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filling, 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.

initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or happointment or of the beginning of employment. Appointees who must be confirmed the Senate must file prior to confirmation, ever if that is less than 30 days from the date of the appointment.

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

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

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