FORM 1	STA	ATEMENT OF	र	2009
Fittles print or type your name, mailing any less, an are name, and control below:		CIAL INTER	ESTS_	
LAST NAME FIRST NAME MIDDLE Schunko - Margar MAILING ADDRESS:	et-Emilia		FOR OFFICE USE ONLY:	
19855 Maddelena	circle		_ 	) Cole 15
Ft Myers		33967 COUNTY:	   1C	JI NEOENTI
Board President		_   _   _	O Cole O No	
You are not limited to the space on the lines CHECK ONLY IF  CANDIDATE C		ditional sheets, if necessary. LOYEE OR APPOINTEE		卫
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINAL FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2009  MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, CONSTRUCTIONS for further details). PLEASE S COMPARATIVE (PERCENTAGE)	NANCIAL INTERESTS FOR WHETHER THIS STATE  OR   ABLE INTERESTS:  THE OPTION OF USING COMPARATIONS STATE BELOW WHETH	SPECIFY TAX YEAR IF OTH SPECIFY TAX YEAR IF OTH SING REPORTING THRESHOLD FIVE THRESHOLDS, WHICH AF	AR, WHETHER BA DING TAX YEAR E IER THAN THE CA DS THAT ARE AE RE USUALLY BAS	ENDING EITHER (check one):  ALENDAR YEAR:  BSOLUTE DOLLAR VALUES, WHICH BED ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF INC	COME [Major sources of	of income to the reporting person		THE STORES
( <b>If you have nothing to repo</b> NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Pult Homes - Salary		ero fark commons b	BINd	Home builder
***		2 2 3 9 4 10		
PART B SECONDARY SOURCES OF (If you have nothing to repo NAME OF BUSINESS ENTITY	F INCOME [Major custor ort , you must write "no NAME OF MAJOR SO OF BUSINESS' INC	none" or "n/a") DURCES   ADD	of income to busin DRESS OURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NIA				
PART C REAL PROPERTY [Land, bu (If you have nothing to repo	ort, you must write "nor	one" or "n/a")	whe	LING INSTRUCTIONS for en and where to file this form located at the bottom of page 2.
			INS file	STRUCTIONS on who must this form and how to fill it out in on page 3.
				HER FORMS you may need ile are described on page 6.

DART D. INTANCIBLE DEDOCALL PROPERTY (S.						
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  (If you have nothing to report, you must write "none" or "n/a")						
(ii you have nothing to report, you must write none of ma)						
TYPE OF INTANGIB	NGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Brokerage Acrow	740	3/0	vi ou s			
TO RESTORT THE COLO	-		<b>V</b> )			
		· · · · · · · · · · · · · · · · · · ·				
L_,		· · · · · · · · · · · · · · · · · · ·				
PART E — LIABILITIES [Major del	ots]					
(if you have nothing to	report, you must writ	te "none" or "n	n/a")			
NAME OF CREDIT	OR		ADDRESS OF CR	REDITOR		
PART F — INTERESTS IN SPECIFIE	D BUSINESSES [Owi	nership or positi	ons in certain types of businesses]			
(If you have nothing to r	• •					
	BUSINESS E	:NIIIY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	NIA					
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 1	HROUGH F ARE	CONTINUE	D ON A SEPARATE SHEET, PI	LEASE CHECK HERE		
CICITATIONE (required).	Mt	11	DATE SIGNED			
······································				24/10		
	FIL	ING IN	STRUCTIONS:			

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:**

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FORM 1	STATEMENT OF	1		2009
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERI	ESTS		
LAST NAME FIRST NAME MIDDLE NAMI	<b>:</b>	FOR OFF	ICE	
<u> Schunko - Margaret</u> MAILING ADDRESS :	Emilia	USE ONL	<b>Y</b> :	ا ئا
19855 Maddelena (	circle	•	ID Co	de 🗦
F+ Myers FL	33967			
CITY: ZIP	; COUNTY:		ID No	. 10gg
NAME OF AGENCY:  ANDOR WOOD COMMUNICATION HELD OR:  Board Member	nity Development District			10 JUN 30 M 10 M 25 M Lee Cole q. Code
You are not limited to the space on the lines on the	is form. Attach additional sheets, if necessary.  NEW EMPLOYEE OR APPOINTEE			pi
CHECK ONLY IF  CANDIDATE OR	NEW EMPLOYEE OR APPOINTEE	<u> </u>		
DECEMBER 31, 2009  MANNER OF CALCULATING REPORTABLE IN THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR US	OPTION OF USING REPORTING THRESHOLD SING COMPARATIVE THRESHOLDS, WHICH AF E BELOW WHETHER THIS STATEMENT REFLEC	DING TAX YE. ER THAN THI DS THAT ARI RE USUALLY	AR END E CALEI E ABSC BASED check of	NDAR YEAR:  NDAR YEAR:  NUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF INCOME (If you have nothing to report, yo	[Major sources of income to the reporting person] u must write "none" or "n/a")			
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS			CRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
Pulti Homes - Salary	11240 Estero Park Commons 6	BIVd	H	ome builder
	ESEO, FG 33928		. <u> </u>	
(If you have nothing to report , y NAME OF NAM	ME OF MAJOR SOURCES ADD	RESS DURCE	ousiness	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
		<u>.</u>		
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	G INSTRUCTIONS for and where to file this form cated at the bottom of page 2.
19855 Muddelena Circle Ft Myers FL 33967			INST	RUCTIONS on who must is form and how to fill it out on page 3.
			ОТНЕ	ER FORMS you may need are described on page 6.

PART D — INTANGIBLE PERSONAL (If you have nothing to re	PROPERTY [Stocks, bonds, certiport, you must write "none" or							
TYPE OF INTANGIBLE	1	BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES					
Brokerage Acrount	5 Va	wious						
d								
PART E — LIABILITIES [Major debts]	port, you must write "none" or '	'm/a")						
NAME OF CREDITOR	1	ADDRESS OF CREI	DITOR					
MANUE OF CILEDITOR		ADDITEGO OF CITE						
		·						
		·						
PART F — INTERESTS IN SPECIFIED  (If you have nothing to rep	BUSINESSES [Ownership or pos ort, you must write "none" or "n/	itions in certain types of businesses]						
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3					
NAME OF BUSINESS ENTITY	NIA							
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 TH	ROUGH F ARE CONTINU	ED ON A SEPARATE SHEET, PLE	ASE CHECK HERE					
SIGNATURE (required):	MIK	DATE SIGNED (I	1					
			4/10					
	FILING IN	<u> ISTRUCTIONS:</u>	FILING INSTRUCTIONS:					

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

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FORM 1		STATEMI	ENT OF			. 2	2009
Please print or type your name, mailing address, agency name, and position below	<i>a</i>	FINANCIAL	INTERES	STS			
LAST NAME FIRST NAME MIDDLE	,			OR OFFI			
Schunko - Marga MAILING ADDRESS:	<u>1et-</u>	Emilia		JSE ONLY	:		•
19855 Maddelena	<u> </u>	irele		1	ID Co	ode	<del>- 0</del>
Ft Myers	FC ZIP:	33967 county:					DJUNGOM1035SNE Lee do F
NAME OF AGENCY:				ĺ	ID No	<b>).</b>	
	mm	unity Dovelopmen	tsidea +	1	Conf.	. Code	蓋
NAME OF OFFICE OR POSITION HEL					P. Re	eq. Code	ee (
Board Presid							<u></u>
You are not limited to the space on the lin			_				
CHECK ONLY IF	OR	NEW EMPLOYEE OR AP	POINTEE				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F A FISCAL YEAR. PLEASE STATE BELO	INANCI		CEDING TAX YEAR, \	WHETHER			
DECEMBER 31, 2009	Ţ	OR SPECIFY TA	AX YEAR IF OTHER T	THAN THE	CALE	NDAR YEAR:	
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE	OR US	OPTION OF USING REPORTE NG COMPARATIVE THRESHO	OLDS, WHICH ARE U	JSUALLY 1	BASED	ON PERCENTAGE	
☐ COMPARATIVE (PERCENTAGE	) THRES	SHOLDS <u>OR</u>	DOI	LLAR VAL	UE THI	RESHOLDS	
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	ICOME ort, you	[Major sources of income to the must write "none" or "n/a")	reporting person]				
NAME OF SOURCE OF INCOME		SOUR ADDR	ESS			SCRIPTION OF THE S	
Pult Homes - Salary	!	11240 BStero Park O		/d/	H	ome builde.	_
3		ESKO, FL 3390	ત્ર હ				
,							
PART B SECONDARY SOURCES ( (If you have nothing to re		DME [Major customers, clients, a ou must write "none" or "n/a")		ncome to b	usines	ses owned by the repo	orting person]
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES F BUSINESS' INCOME	ADDRES OF SOUR			PRINCIPAL E ACTIVITY OF	
NIA							
PART C REAL PROPERTY [Land, be (If you have nothing to rep	ort, you	must write "none" or "n/a")			when	IG INSTRUCTION and where to file to cated at the botton	his form
1.003 Mageria		TI TIMES FC	_ 559 <i>6 F</i>		file th	RUCTIONS on w is form and how to on page 3.	
						ER FORMS you rare described on p	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  (If you have nothing to report, you must write "none" or "n/a")						
TYPE OF INTANGIBL	E	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Brokerage Acroun	ts Va	ryj ou s				
9						
		· · · · · · · · · · · · · · · · · · ·	·			
	······································					
PART E — LIABILITIES [Major debt (If you have nothing to I	report, you must write "none" or	"n/a") ADDRESS OF CREI	DITOR			
**************************************						
	`					
PART F — INTERESTS IN SPECIFIED (If you have nothing to re	D BUSINESSES [Ownership or pos port, you must write "none" or "no BUSINESS ENTITY # 1	itions in certain types of businesses] (a") BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NIA					
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 T	HROUGH F ARE CONTINU	ED ON A SEPARATE SHEET, PLE	EASE CHECK HERE			
SIGNATURE (required):	mil	DATE SIGNED (r	equired):			
	FILING INSTRUCTIONS:					

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FORM 1		STATEM	ENT OF			2009
Please print or type your name, mailing address, agency name, and position below	v:	FINANCIAL	INTERE	ESTS		
LAST NAME FIRST NAME MIDDLE NAME :					ICE	
Schunko - Marga	1et-	Emilia		USE ONL	Y:	
19855 Maddelen	a c	irele			iD Co	ode
Ft Myers	ZIP:	33967 COUNTY:			ID No	, v
NAME OF AGENCY:  Verong walk Community Development District  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  Board President						Code eq. Code
You are not limited to the space on the lin CHECK ONLY IF CANDIDATE	os on this	s form. Attach additional sheets,  NEW EMPLOYEE OR AI				C) ee C
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PART A PRIMARY SOURCES OF I	•					
(If you have nothing to re	ort, you	must write "none" or "n/a") SOU	RCE'S			SCRIPTION OF THE SOURCE'S
OF INCOME		1240 ESER Park	RESS COMUNIDAS (B	Jvd		INCIPAL BUSINESS ACTIVITY
Puit Homes- Salary		ESKO, FG 339	•		14	ome builder
NAME OF BUSINESS ENTITY	port , yo NAMi	ME [Major customers, clients, ru must write "none" or "n/a E OF MAJOR SOURCES BUSINESS' INCOME		RESS	busines	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A					<u></u>	
			· .			
PART C REAL PROPERTY [Land, (If you have nothing to re	oort, you	must write "none" or "n/a")			when are lo	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.  RUCTIONS on who must
					begin	is form and how to fill it out on page 3.
						ER FORMS you may need are described on page 6.

					4	
PART D — INTANGIBLE PERSON/ (If you have nothing to	AL PROPERTY [Stocks, bonds report, you must write "non		it, etc.]			
TYPE OF INTANGIBL	.E	BUSINES	S ENTITY TO WHICH THE	PROPERTY RELATES		
Brokerage Acrown	42	Various				
PART E — LIABILITIES [Major deb (If you have nothing to	ots] report, you must write "non	e" or "n/a")				
NAME OF CREDITO	DR -		ADDRESS OF CREE	DITOR		
				*	L	
				İ		
PART F — INTERESTS IN SPECIFIE (If you have nothing to re	D BUSINESSES [Ownership eport, you must write "none"  BUSINESS ENTITY	or "n/a")	ypes of businesses] SINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	NIA					
ADDRESS OF BUSINESS ENTITY			n.d			
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 1	THROUGH F ARE CONT	TINUED ON A SE	PARATE SHEET, PLE	ASE CHECK HERE		
SIGNATURE (required):	MAU		DATE SIGNED (n	equired): 4/10		
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