FORM 1 F FINAL STATEMENT OF 2010							
(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)							
LAST NAME - FIRST NAME - MIDDLE NAME: Snith Bradley Wayne			NAME OF REPORTING PERSON'S AGENCY: Lec County BOCC CLASAC				
1441 Santern Dr			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
F+ Myers 33919 Lee CITY: ZIP: COUNTY:			LIST OFFICE OR POSITION HELD: <u>Comittee Member</u>				
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN, AND WENT 12310 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABLOOLUTE TO LAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES, WHICH REQUIRES FUTHER details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): Image: Comparative (PERCENTAGE) THRESHOLDS OB Image: Comparative thresholds							
(If you have nothing to report, you NAME OF SOURCE OF INCOME		DME [Major sources of income to the reporting person] must write "none" or "n/a") SOURCE'S ADDRESS P.O. Box 839, Schubel, FL 33957		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Sanibel Capture Conservation Foundation		T.U. DOX 0-21, SANIDEL, 1-1 -23157		<u> </u>	Servello Organication		
(If you have nothing to report, you NAME OF } NAMI		NCOME [Major customers, clients, and other sources of in must write "none" or "n/a") E OF MAJOR SOURCES ADDRESS F BUSINESS' INCOME OF SOURCE		come to bu	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
None	 			·			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")					IG INSTRUCTIONS for and where to file this form are d at the bottom of page 2.		
None					RUCTIONS on who must file orm and how to fill it out begin ge 3 of this packet.		
					ER FORMS you may need to e described on page 6.		

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 INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
None						
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PART E — LIABILITIES [Major debts] (If you have nothing to report, you must	st write "none" or "n/a")					
NAME OF CREDITOR	ADDRESS	ADDRESS OF CREDITOR				
Wells Fargo	PO Box 10335, Des Moines, IA 50306					
Sanibel Capture Comunity Bank	2475 Library Way, San	2475 Library Way, Sanibel, FL 33957				
	······································					
	ESSES (Ownership or positions in certain types of I	husinesses]				
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						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS						
ACTIVITY POSITION HELD						
TOWN MORE THAN A 5%						
INTEREST IN THE BUSINESS						
OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE:	DATE S	SIGNED: 5/7/10				
FILING INSTRUCTIONS:						
WHAT TO FILE:	WHERE TO FILE:	NOTE:				
After completing all parts of this form on pages 1 and 2, including signing and dating it,	Local officers: file with the Supervisor of If you are leaving office or employn Elections of the county in which you perma- during the first half of 2010, you may					
send back only pages 1 and 2 for filing (you	nently reside. (If you do not permanently reside have filed Form 1 for 2009. In that case,					
need not return any of the instruction pages). Facsimiles will not be accepted.	in Florida, file with the Supervisor of the county where your agency has its headquarters.)	this is not the last form you will file, even though the Form 1F covers the final portion				
	State officers or specified state employ-	of your term of office or employment. You will be required to file Form 1 for 2009 by				
At the end of office or employment each	ees: file with the Commission on Ethics, P.O. Drawer 15709. Tallahassee, FL 32317-5709;	ees; the with the Commission on Ethics, P.O. July 1 of 2010				
local officer, state officer, and specified state	hysical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.					
employee is required to file a final disclosure form (Form 1F) within 60 days of leaving	To determine what category your position					
office or employment, unless he or she takes another position within the 60-day period that	falls under, see the "Who Must File" Instructions on page 3.					
requires filing financial disclosure on Form 1 or Form 6.	on page a.					

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