FORM 1	STATEM	IENT OF	2009
Please print or type your name, mailing address, agency name, and position below	FINANCIAI	L INTERESTS	S Comment of the second
LAST NAME FIRST NAME MIDDLE	NAME :	FOR O	<i>F</i> □
MAILING ADDRESS:	DINEEN	USE O	NLY:
· · · · · ·	IVE_		ID No.
6 4 1	= 230 = .	- <u></u>	ID Code
CXY:	ZIP: COUNTY:	Σ	
Coty of C	SanibeL		ID No.
NAME OF AGENCY: Sanibel Dla	enning Commis	51030 0.0	Conf. Code
NAME OF OFFICE OR POSITION HELD		sioner	P. Req. Code
· ·		<u> </u>	
You are not limited to the space on the line: CHECK ONLY IF CANDIDATE	on this form. Attach additional sheets NEW EMPLOYEE OR A	13.33	
DISCLOSURE PERIOD:	**BOTH PARTS OF THIS SECT	ION MUST BE COMPLETED*	*
	IANCIAL INTERESTS FOR THE PE W WHETHER THIS STATEMENT IS	RECEDING TAX YEAR, WHETH	HER BASED ON A CALENDAR YEAR OR ON
DECEMBER 31, 2009		TAX YEAR IF OTHER THAN T	
MANNER OF CALCULATING REPORTA		TINO TURESUO DO TUATA	NE ARGULTE ROLLAR VALUES MINOU
REQUIRES FEWER CALCULATIONS, O	R USING COMPARATIVE THRESI	HOLDS, WHICH ARE USUALI	ARE ABSOLUTE DOLLAR VALUES, WHICH LY BASED ON PERCENTAGE VALUES (see
instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE)			K (check one): /ALUE THRESHOLDS
PART A PRIMARY SOURCES OF INC			
(If you have nothing to repo	rt, you must write "none" or "n/a") JRCE'S	DESCRIPTION OF THE SOURCE'S
OF INCOME . /	ADD	DRESS	PRINCIPAL BUSINESS ACTIVITY
Koy Vason Sm. 46 UM	start 1231 Isabel 1	Drive Janibel	Hospitality Kingmt
1.0.		11.0	A
Appraisat Associates	1231 15abel Dr	- Sanite 12	RES KE Appraiser
PART B SECONDARY SOURCES OF	INCOME IMajor customers, clients	and other sources of income t	o businesses owned by the reporting person]
(If you have nothing to repo	ert , you must write "none" or "n/a	n")	, , , , , , , , , , , , , , , , , , , ,
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA			
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
2737 West GUF	are located at the bottom of page 2.		
10150 Herro PKWY FT MYERS FL 33966 100			INSTRUCTIONS on who must
4520 Escondido Ln	Captura Fr 339		file this form and how to fill it out begin on page 3.
			OTHER FORMS you may need
			to file are described on page 6.

PART D - INTANGIBLE PERSONAL PROPERTY (Sto	ocks, bonds, certificates of deposit, etc.]			
(If you have nothing to report, you must write "none" or "n/a")				
	1			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Indiv Stocks / Hutual Funds	Descinal Acck of Fidelity Investment			
	For Vason + Holly Smitz			
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must to	write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Planet RBIT	PO BOX 2167, Greenville SC 29602-2167			
Wells Fargo Home Mrg	PO Box 600 455, Dallas TX 75266-0455			
Jan, bel Captua Community BK 2475 library Nay Jan, belte 33957				
<u> </u>				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]				
(If you have nothing to report, you must wr	rite "none" or "n/a")			
	S ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3			
TVA DOSINES	DOMESO ENTITE DOMESO ENTITE DO			
NAME OF BUSINESS ENTITY Appraisal	Associates			
ADDRESS OF BUSINESS ENTITY 1231 BAGUE	or Sambel Works			
PRINCIPAL BUSINESS ACTIVITY PESIDENTIAL	Appraisals) 0 h 10			
POSITION HELD WITH ENTITY Sale DOD	Res RE			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST Sole Prop	0.			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required) DATE SIGNED (required):				
Allysomth	6-10-2010			
FILING INSTRUCTIONS:				
WHAT TO FILE:	WHERE TO FILE: WHEN TO FILE:			
After completing all parts of this form, including If you were mailed the form by the Commission Initially, each local officer/employee, state				

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 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.

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, stat officer, and specified state employee mustile within 30 days of the date of his or he appointment or of the beginning of employment. Appointees who must be confirmed to the Senate must file prior to confirmation, eve if that is less than 30 days from the date of the appointment.

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

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

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