FORM 1	STATEM		2010			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS				
LAST NAME - FIRST NAME - MIDDLE N SMITH ROCKE MAILING ADDRESS	AME: LYNN	FOR O		11.JUN249008#45NE		
3715 MCKINLEYA	VE.		IDE	de 33		
FORT MYERS, FL.	MO LEE COUNTY:	·	ID No	· #		
NAME OF AGENCY:  DOLLI) OF AD JUST  NAME OF OFFICE OR POSITION HELD OF	- $V$	Conf.	Code 11			
You are not limited to the space on the lines of CHECK ONLY IF   CANDIDATE OF	, if necessary. PPOINTEE		,			
**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):  DECEMBER 31, 2010  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF INCO						
NAME OF SOURCE OF INCOME	sou	RCE'S RESS	_	CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY		
PARKER/MUDGETT/	2/2/0 Mclark	1/2 1/4/2	ARC	HITELTURE		
SMITH ARCHITECTS, INC	- FORT MYELLS	, FL. 35901	<u></u>			
<del></del>	<del>-  </del>					
PART B SECONDARY SOURCES OF II	NCOME [Major customers, clients, , you must write "none" or "n/a"		businesse	es owned by the reporting person]		
NAME OF N BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
EE COUNTY, FLORIDA PA	1BLIC		MYELL	COUNTY		
FOCL UN	NEKGITY	FORT MYERG FL		EDUCATION		
CITY OF PT. MYRIGH	CITY-MADLY	POROX EZET, PETAT		EDUCATION		
PART C REAL PROPERTY [Land, build (If you have nothing to report,	1]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.				
10% INTEREST ATIC	E BUILDING-FT.	MYELS, FL.	file this	UCTIONS on who must form and how to fill it out in page 3.		
	·			R FORMS you may need re described on page 6.		

والمواصرة والمواصرة والمواصرة والمواصرة						
PART D — INTANGIBLE PERSON (If you have nothing to						
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
STOCK		PSPKER/MUDGET/GMITH ARCHITECTS.INC.				
	<del></del>	,	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1730.1112.77		
	<del></del>	<del> </del>				
<del></del>						
		<u> </u>	·			
		<u> </u>	4			
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF CREDITOR		ADDRESS OF CREDITOR				
FLORINA COULF BANK		12247 KST. ST. FT. MYERS. FL. 33901				
FLATSTAR BANK		2247 KT. ST., FT. MYERS, FL. 38901 5151 CORPORATE DR., TROY, MICHIGAN 48018-2639				
1475.43 19401-		212122	ECITATE DE , III	The state of the s		
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 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):  23 JULE 20						
FILING INSTRUCTIONS:						
WHAT TO FILE:  WHERE TO FILE:  WHEN TO FILE:  WHEN TO FILE:  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 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:**

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, state 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, ever if that is less than 30 days from the date of the appointment.

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

Thereafter, 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 politions.

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.