FORM 1 F

FINAL STATEMENTO OF THE LOS COFT FINANCIAL INTERESTS



2010

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIC		NAME OF REPORTING PERSON'S AGENCY:				
Stejskal, Christin	inapiro i	Parklands Co	olli <u>ec</u>	Community Dev. Dist		
MAILING ADDRESS:		!	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):			
1327 Walden Dr.			LOCAL OFFIC	CER [STATE OFFICER	
En Muse 33	901	LEE	SPECIFIED STATE EMPLOYEE			
Fort Myers 33°	101	COUNTY:	LIST OFFICE OR POSITI	ON HELD:	Assistant Secretary	
CHY: Zu.		COUNTY.	l		σ	
	سجي					
	BC	OTH PARTS OF THIS SECT	FION MUST BE COMPLE	TED		
DISCLOSURE PERIOD:	TINANCIAL	INTERESTS FOR THE PERM	OD DETWEEN IANIIARY 1 '	י חוא אחרי	THE DIST DATE I HELD THE PUBLIC	
OFFICE OR EMPLOYMENT DESCR				4	10. (Date mat be prior to 12/31/10)	
MANNER OF CALCULATING R			1	The state of	IMI	
THE LEGISLATURE ALLOWS FILER	RS THE OP	TION OF USING REPORTING	THRESHOLDS THAT ARE	TATURE	DOLLAR VALUES, WHICH REJUIRES	
FEWER CALCULATIONS, OR USIN further details). PLEASE STATE BE					NTAGE VALUES (see instructions for	
COMPARATIVE (PER			<u></u>	· 45	UE THRESTOLDS	
Opining the pro-	(0214.7.02	:) THRESHOLDS	<u> </u>	LAN VIII	JU THICK OF THE PARTY OF THE PA	
PART A PRIMARY SOURCES	S OF INC	OME [Maior sources of incom	e to the reporting person]		S W	
		u must write "none" or "n/a")			' l / ä	
NAME OF SOURCE		Source			CRIPTION OF THE SOURCE'S	
OF INCOME		ADDRE		PRINCIPAL BUSINESS ACTIVITY		
Boylan Environmental Cons	<u>ultants</u>	11000 Metro Pkwy.,5	te. 4 For+Myers, 38961	1 Ewin	ormutal Scientist 😊	
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		 		+		
	أسيسي					
PART B SECONDARY SOUR	ICES OF	INCOME [Major customers, ci	ients, and other sources of in	come to bu	usinesses owned by reporting person]	
(If you have nothing to r	report, you	u must write "none" or "n/a")	1			
NAME OF		ME OF MAJOR SOURCES	ADDRESS OF SOURCE	1	PRINCIPAL BUSINESS	
BUSINESS ENTITY	 	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
None	 			'		
	<u> </u>					
]		
DEAL PROPERTY II	· · · · · · · · · · · · · · · · · · ·	the state of the s		-11 ()		
PART C REAL PROPERTY [L (If you have nothing to re		ings owned by the reporting per i must write "none" or "n/a")	•		NG INSTRUCTIONS for and where to file this form are	
None (ii you have nothing to h	eport, ye.	must write none or,	1		ed at the bottom of page 2.	
				INST	RUCTIONS on who must file	
				this fo	orm and how to fill it out begin	
·				on pag	ge 3 of this packet.	
			ОТНЕ	ER FORMS you may need to		
			, , , , , , , , , , , , , , , , , , ,	file are	e described on page 6.	

1				
	RSONAL PROPERTY [Stocks, bond to report, you must write "none" or '			
TYPE OF INTANO	GIBLE	BUSINESS ENTITY TO WHICH TH	E PROPERTY RELATES	
none				
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				- Ma
PART E — LIABILITIES [Majo (If you have nothing t	or debts] to report, you must write "none" or '	'n/a")		[Lecon]
NAME OF CRED	ITOR	ADDRESS OF CRE	EDITOR	
none				
PART F — INTERESTS IN SP	ECIFIED BUSINESSES (Ouromb		_	
(If you have nothing to	report, you must write "none" or "	n/a")		
	p report, you must write "none" or " BUSINESS ENTITY # 1	n/a") BUSINESS ENTITY # 2	BUSINESS ENTITY	#3
NAME OF BUSINESS ENTITY	report, you must write "none" or "	n/a")		#3
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	p report, you must write "none" or " BUSINESS ENTITY # 1	n/a") BUSINESS ENTITY # 2	BUSINESS ENTITY	#3
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	p report, you must write "none" or " BUSINESS ENTITY # 1	n/a") BUSINESS ENTITY # 2	BUSINESS ENTITY	#3
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS	p report, you must write "none" or " BUSINESS ENTITY # 1	n/a") BUSINESS ENTITY # 2	BUSINESS ENTITY	#3
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD	p report, you must write "none" or " BUSINESS ENTITY # 1	n/a") 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%	p report, you must write "none" or " BUSINESS ENTITY # 1	n/a") BUSINESS ENTITY # 2	BUSINESS ENTITY	#3
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WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2010, you may not have filed Form 1 for 2009. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2009 by July 1 of 2010.

FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS



2010

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

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LAST NAME — FIRST NAME — MI	Æ:	NAME OF REPORTING PERSON'S AGENCY:				
Stelskal, Christi	hapiro	Beach Road Golf Estates Community Dev. Dist				
MAILING ADDRESS:	•		CHECK ONE OF THE FOL	LOWING	(see Who Must File on page 3):	
1327 Walden Dr.	<u> </u>		LOCAL OFFIC	ER C	STATE OFFICER	
Fort Myers 33	3901	LEE	SPECIFIED S		_	
CITY: ZIP:		COUNTY:	LIST OFFICE OR POSITIO)N HELD:	Assistant Secretary	
	BC	OTH PARTS OF THIS SECT	TION MUST BE COMPLET	rED		
DISCLOSURE PERIOD:				_	No.	
THIS STATEMENT REFLECTS MY: OFFICE OR EMPLOYMENT DESCI					THE PAST DATE I HELD THE PUBLIC (DIO (Date must be prior to 12/3)73(0)	
MANNER OF CALCULATING F					771/1 . 8	
	RS THE OPT	TION OF USING REPORTING	THRESHOLDS THAT THE US	SOLUTE	DOLLAR VILLES WHICK REQUIRES	
further details). PLEASE STATE BE	ELOW WHE	THER THIS STATEMENT REF	FLECTS EITHER (check one)#	\ /		
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PART A PRIMARY SOURCES	e OF INC	NAME (Malor engage of incom	The meeting named			
		u must write "none" or "n/a")			` \ /	
NAME OF SOURCE	1	SOURC	···· -	DESCRIPTION OF THE SOURCE'S		
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Boylan Environmental Cons	Witants	11000 II LETTO PRWY . 10	te.4, portingers, more	DVII	AMENTAL SCIENTIST	
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		 		 	<u> </u>	
	أسرستي					
		• •		ome to bu	usinesses owned by reporting person)	
		u must write "none" or "n/a")	•		PRINCIPAL DI ICINECC	
NAME OF BUSINESS ENTITY		F BUSINESS' INCOME	T		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None					-	
	†					
	1					
PART C REAL PROPERTY [I	ibliud boon	are award by the renorting ne		En IN	IG INSTRUCTIONS for	
(if you have nothing to a		rigs owned by the reporting per rimust write "none" or "n/a")	when a		and where to file this form are	
None					ed at the bottom of page 2.	
					RUCTIONS on who must file orm and how to fill it out begin	
					ge 3 of this packet.	
					ER FORMS you may need to	
			T	🛔 file arr	e described on page 6.	

PART D — INTANGIBLE PER (If you have nothing t						
TYPE OF INTANGIBLE		1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
None.						
					12	
					# <u>01</u>	
					129401#39VE	
					<u> </u>	
PART E — LIABILITIES [Majo (If you have nothing t		st write "none" or "	'n/a")		e(oF1	
NAME OF CRED	ITOR		ADDRESS OF CREDITOR			
none						
			 			
				·····		
PART F — INTERESTS IN SP (If you have nothing to	report, you mus	t write "none" or "n	v/a")		_	
NAME OF		ENTITY # 1	BUSINESS ENTITY # 2		**************************************	
BUSINESS ENTITY ADDRESS OF	None		1,01,15	None		
BUSINESS ENTITY PRINCIPAL BUSINESS						
ACTIVITY POSITION HELD					·····	
I OWN MORE THAN A 5%		<u></u>				
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST						
OWNERSHIP INTEREST						
IF ANY OF PARTS A	THROUGH F	ARE CONTINU	ED ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE: Christina	Stejokal		DATE S	IIGNED: 6/29/10		
	J	FILING IN	STRUCTIONS:			
WHAT TO FILE:		WHERE TO F	11 E.	NOTE:		
After completing all parts of		Local officer	s: file with the Supervisor of	if you are leaving office or employs		
pages 1 and 2, including signing send back only pages 1 and 2	for filling (you	nently reside. (If y	county in which you perma- you do not permanently reside	during the first half of 2010, you may have filed Form 1 for 2009. In that of	250,	
need not return any of the instr Facsimiles will not be accepted			h the Supervisor of the county by has its headquarters.)	this is not the last form you will file, on though the Form 1F covers the final points.	rtion	
WHEN TO FILE:		or specified state employ- Commission on Ethics, P.O.	of your term of office or employment, will be required to file Form 1 for 200			

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Drawer 15709, Taliahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

To determine what category your position fails under, see the "Who Must File" Instructions on page 3.

July 1 of 2010.

h.Brellahalbahahahahahahallahall

Lee Co. Supervisor of Elections P.D. Box 2545

Fort Myers, FL 33902

The Steiskal's 1827 Walten Drive Et Myers, FL 33901

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