| FORM 1 | STATEM | STATEMENT OF | | |
|--|--|---------------------------------------|---|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL | INTERESTS | 5 「 | 7 |
| LAST NAME FIRST NAME MIDDLE N | | FOR O | | / |
| MAILING ADDRESS: | DEWAYNE | | NLY: | |
| MAILING ADDRESS: | My BLUD | | · . to | code |
| | (| Ī | 11 | S |
| CITY: BONITA SPRIN | LEE | J ID N | io. | |
| NAME OF AGENCY: | CEE | | <u> </u> | |
| NAME OF OFFICE OR POSITION HELD O | | | | |
| ASSISTANT | | P. R | | |
| You are not limited to the space on the lines o | on this form. Attach additional sheets | • | | ************************************** |
| CHECK ONLY IF CANDIDATE OR | | | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW | | RECEDING TAX YEAR, WHETH | HER BASE | |
| DECEMBER 31, 2010 | | TAX YEAR IF OTHER THAN T | | , |
| MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE STA | IE OPTION OF USING REPORT USING COMPARATIVE THRESH | HOLDS, WHICH ARE USUALL | Y BASED | ON PERCENTAGE VALUES (see |
| COMPARATIVE (PERCENTAGE) TH | | 54 | | leck one): RESHOLDS |
| PART A PRIMARY SOURCES OF INCO (If you have nothing to report, | ME [Major sources of income to the you must write "none" or "n/a") | | | |
| NAME OF SOURCE OF INCOME | | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| | | BONITH BEACH K | b | REAL ESTATE SALKS |
| | 7 | | , | |
| | | | | |
| SECONDARY SOURCES OF II | dionto | · · · · · · · · · · · · · · · · · · · | | |
| | , you must write "none" or "n/a" | ") | o busines: | |
| NAME OF N BUSINESS ENTITY | AME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| NA | | | | |
| , | | | | |
| | | | | |
| PART A BEAL PROPERTY II and build | · · · · · · · · · · · · · · · · · · · | | | |
| 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 a | IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2. |
| 27921 BUNITA VIL BONITA SPRINGS | MEE BLUD I | 9205, | ŀ | RUCTIONS on who must |
| BONITH SPRINGS | FL 54154 | | file thi | is form and how to fill it out on page 3. |
| | | | | ER FORMS you may need are 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 | | | | |
| NIA | | SOSINESS ENTITY TO WHIST THE TROPERTY MEDITES | | | | |
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| | | | | | | |
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| | | | | | | |
| DARTE LIARUITEC Major debito | | | | | | |
| PART E LIABILITIES [Major debts] (If you have nothing to re | i] eport, you must write "none" or | "n/a") | | | | |
| NAME OF CREDITOR | ₹ | ADDRESS OF CREDITOR | | | | |
| TIB BANK | a) | NAPLES, FZ | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] | | | | | | |
| (If you have nothing to rep | oort, you must write "none" or "n BUSINESS ENTITY # 1 | ./a") BUSINESS ENTITY#2 | BUSINESS ENTITY # 3 | | | |
| NAME OF BUSINESS ENTITY | NA | | | | | |
| 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): DATE SIGNED (required): 5/31/1 | | | | | | |
| FILING INSTRUCTIONS: | | | | | | |

WHAT TO FILE:

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.

WHERE TO FILE:

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.

WHEN TO FILE:

Initially, each local officer/employee, sta officer, and specified state employee mufile within 30 days of the date of his or happointment or of the beginning of emploment. Appointees who must be confirmed the Senate must file prior to confirmation, evif 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 their 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, a specified state employee is required to file final disclosure form (Form 1F) within 60 days of leaving office or employment.