

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Threet JOHN G

MAILING ADDRESS :

517 ROOSEVELT AVE

LA High Acres FL 33936 Lee

CITY : ZIP : COUNTY :

Devils Garden Water Control Collins Slough Water

NAME OF AGENCY :

Supervisor

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

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 INCOME [Major sources of income to the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Alico Inc	10070 DANIEL'S INTERSTATE CT Suite 100 FT Myers FL	AGRI BUSINESS

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

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")

NA

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must 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.

*11JUL07AM0857501 Lee Co FL

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
NA	NA

PART E — LIABILITIES [Major debts]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
NA	NA

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	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			

11 JUL 07 AM 08:57 SCDF L ee Co FI

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):



DATE SIGNED (required):

6/30/11

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, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their 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 positions.

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.

FedEx
Express

FedEx First Overnight

181989 REV 09/04 MWI

From: (239) 226-2000
DENISE PLAIR
ALICO, INC.
10070 Daniels Interstate Ct
Suite#100
Ft. Myers, FL 33913

Insert
airbill
here

Origin ID: FMYA



SHIP TO: (239) 533-8683

BILL SENDER

Lee County Supervisor of Elections
2480 THOMPSON ST

FORT MYERS, FL 33901

J11201104280225

FO

For FedEx Express

Contacts should be

FedEx
FedEx Fit

Ship Date: 06 JUL 11
AcWgt: 1.0 LB
CAD: 2371498NET3180

Delivery Address Bar Code



Ref #
Invoice #
PO #
Dept #



FN

FedEx

TRK# 7949 4206 4380
0281

35 FMYA

THU - 07 JUL A1
FIRST OVERNIGHT

33901
FL-06
RSW



Boor Tag Number
Etiquetas de puerta
DT1023 9750 9203

This was our: First Attempt / 1st intent
 2nd Attempt / 2do intento
On (day/date) / En el día (fecha)
we tried to pick up/deliver / Intentamos recoger/entregar
at (time) / a (hora)
Route No. 19972
Courier Employee No. 21661

Package contains dangerous goods / El paquete contiene materiales peligrosos.
Security reasons/restrictions / Razones de seguridad o restricciones.
C.O.D. amount due / C.O.D. Balance \$
diners en efectivo / See back for acceptable forms of payment / Ver el reverso para conocer las opciones de pago.
Unsecured / No asegurado
Secured / Asegurado

Bill Recipient option was selected by Shipper. Please provide your FedEx account number / La opción Cobrar al Destinatario fue seleccionada por el remitente. Por favor proporcione su número de cuenta FedEx.
This is a FedEx ExpressTag shipment. Contact the merchant (not FedEx) to reschedule a pickup. / Este es un envío FedEx ExpressTag. Contacte al comerciante (no FedEx) para solicitar una nueva recolección.
Other / Otro

We could not leave your package because: The recipient is not at home / El destinatario no está en casa.
 The recipient is not at the address / El destinatario no está en la dirección.
 The recipient is not at the business / El destinatario no está en el negocio.

See back for acceptable forms of payment / Ver el reverso para conocer las opciones de pago.
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Secured / Asegurado

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Contacts should be