FORM 1		STATEM	IENT OF		2010				
Please print or type your name, mailing address, agency name, and position be	ow:	FINANCIAL	ESTS [
LAST NAME FIRST NAME MIDE		Ξ:		FOR OFFICE	1				
Tiner Robert	Jos	USE ONLY:							
MAILING ADDRESS			i						
1900 Sunset T	rail								
A	# 3								
CITY:	ZIP	$ \rangle$							
					Code Mo. Suff. Code Req. Code				
NAME OF AGENCY :				C	onf. Code				
Alua Fire Control NAME OF OFFICE OR POSITION HI									
Fire Chief		н г <u>р</u> . —	Req. Code						
You are not limited to the space on the i	ines on th		11						
عالي متاريعات بعالا من ^ب الا من م	**								
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD:									
THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE									
DECEMBER 31, 201	0		TAX YEAR IF OTHER	R THAN THE CAI	ENDAR YEAR:				
MANNER OF CALCULATING REPOR									
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). PLEAS	E STATE	BELOW WHETHER THIS ST	ATEMENT REFLECT	S EITHER (must	check one):				
	_			OLLAR VALUE 1	HRESHOLDS				
PART A PRIMARY SOURCES OF (If you have nothing to re		[Major sources of income to th u must write "none" or "n/a")							
NAME OF SOURCE		RCE'S	ΙD	DESCRIPTION OF THE SOURCE'S					
		ADDRESS			PRINCIPAL BUSINESS ACTIVITY				
ALUG Fire Control		2660 574/05 12 ALUE F/ 33920			Public Scrules				
		•			· · · · · · · · · · · · · · · · · · ·				
PART B SECONDARY SOURCES	OF INCO	ME [Major customers, clients,	and other sources of	income to busine	esses owned by the reporting person]				
(If you have nothing to report , you must write "none" or "n/a") NAME OF I NAME OF MAJOR SOURCES I ADD				RESS PRINCIPAL BUSINESS					
BUSINESS ENTITY		BUSINESS' INCOME OF SOUL							
NIA									
PART C REAL PROPERTY [Land,	FD	NG INSTRUCTIONS for							
(If you have nothing to report, you must write "none" or "n/a")					when and where to file this form are located at the bottom of page 2.				
N/A					TRUCTIONS on who must				
	<u>.</u>	file this form and how to fill it out							
				begi	n on page 3.				
		OTHER FORMS you may need							
				to fil	e are described on page 6.				

PART D — INTANGIBLE PERSON (If you have nothing to										
TYPE OF INTANGIB	LE	<u> </u>	BUSINESS ENTITY TO WH	ICH THE PROPERTY RELAT						
N/A										
		1 .		•						
		1								
PART E — LIABILITIES [Major det (If you have nothing to		write "none" or "n	v/a*')							
	<u> </u>	_	ADDRESS	OF CREDITOR						
GMAC Mortgage		3491 Hami	mond Ave Ro Box 7	I, colisticu 087	A F0704-0780					
Ensight Financial		PO Box	4900 Orlando. F	-1 32802-4900) 					
BBAT			819 Wilson No							
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	N/ 1A									
ADDRESS OF BUSINESS ENTITY	AILA	<u>_, , , ,, ,,</u>	 		f					
PRINCIPAL BUSINESS ACTIVITY	N/A		-							
POSITION HELD WITH ENTITY	N/A									
1 OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NIA									
NATURE OF MY OWNERSHIP INTEREST	NIA									
			D ON A SEPARATE SHE	IGNED (required):						
SIGNATURE (required):			-	GIGNED (required):	1					
- and the		ILING IN	STRUCTIONS:	<u></u>	†					
WHAT TO FILE:		WHERE TO FIL		WHEN TO FILE:	1					
After completing all parts of this fo	orm, including 1	If you were mailed	the form by the Commission	initially, each local offi						
sheet (pages 1 and 2) for filing.		on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. officer, and specified state employee n file within 30 days of the date of his or appointment or of the beginning of emp								
If you have nothing to report in a particular		Local officers/emp	ployees file with the Supervisor	ment. Appointees who m	ment. Appointees who must be confirmed be the Senate must file prior to confirmation, eve					
section(s).		nently reside. (If yo	county in which they perma- ou do not permanently reside		if that is less than 30 days from the date of the					
Facsimiles will not be accepted.	i	in Florida, file with	the Supervisor of the county has its headquarters.)	Candidates for publicly	appointment. Candidates for publicly-elected local office must file at the same time they file the qualifying papers.					
		State officers or	specified state employees	must file at the same						
MULTIPLE FILING UNNECT Generally, a person who has filed calendar or fiscal year is not requ second Form 1 for the same year	Form 1 for a	15709, Tallahasse	hission on Ethics, P.O. Drawer e, FL 32317-5709; physical aclay Boulevard, South, Suite FL 32312.	Thereafter, local officers/employees, state officers, and specified state employees at required to file by July 1st following each						

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.

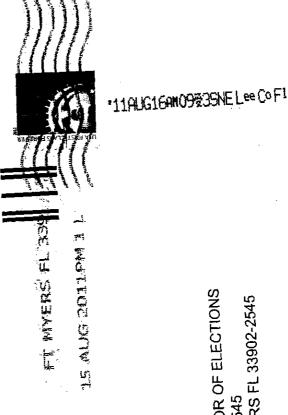
required to file DУ July calendar year in which they hold their postions.

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

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.



SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545





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CONSTITUTIONAL COMPLEX P.O. BOX 2545 FORT MYERS, FLORIDA 33902