FORM 1		STATEM	ENT OF		2010	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS						
LAST NAME FIRST NAME MIDDLE NAME : WALK DAMYL CLARENCE				FOR OFFICE USE ONLY:		
MAILING ADDRESS 5544 PERNOD DR				 مناع	Code	
CITY: ZIP: COUNTY: FT. MyERS FL 33919 LEZ					No.	
NAME OF BOUTH SPRINGS					цр. Пр	
NAME OF OFFICE OR POSITION HELD OR SOUGHT: PUBLIC WORKS MANAGER					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			ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
CITY OF BONHASPRINGS		9101 BONIA BEACK ROAD				
	BOI	ITA SPRING	3 FL 3 41	<u>35 ('</u>	ity GOVT	
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")						
	OF BUSINI	JOR SOURCES	ADDRE OF SOU		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
CLARDICE WALK FARM			GRAFTON			
KUNTZ FARM	· · · · ·		``			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")				whe	ING INSTRUCTIONS for n and where to file this form located at the bottom of page 2.	
HOME - 5544 VERNOD DR Ft- MYERS FC						
$\frac{\sqrt{3} \text{ INTEREST}}{\sqrt{12}} \frac{150 \text{ CL}}{200 \text{ KUNT2}} \frac{150 \text{ CL}}{12} 150 \text$						
COUDO IN SUMMERICA TRACE -Fr My Eng - 75000 OTHER FORMS you may need						
CE EOPM 1 - Effective Low 1 2011 Participation Page 6.						

PART D — INTANGIBLE PERSONAL PROPER (If you have nothing to report, you						
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
CENTIFICATE OF DEPASIT	NOV. 2008 INHERITANCE FROM MONTER					
225000	tras					
40 000	MISC. TRANK ACCORNES					
PART E — LIABILITIES [Major debts] (If you have nothing to <i>report</i> , you must write "none" or "n/a")						
	ADDRESS OF CREDITOR					
How MORTCAGE 28000	- CHASE					
Summ WOODS (ONDO - 880	- *1					
CREDIT CAROS	413,000					
CREDIT UNION	25'GOU CARLOAN					
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):	DATE SIGNED (required): JUNE 27, 2011					
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.	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. WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee mult file within 30 days of the date of his or h appointment or of the beginning of emplo					
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.	of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) 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					
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.

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.

required to file by July 1st following each calendar year in which they hold their pe tions.

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