| FORM 1 | STATEMENT OF | 2010 | | | |
|---|---|---|--|--|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL INTER | ESTS | | | |
| MAILING ADDRESS: | lartin | FOR OFFICE USE ONLY: | | | |
| 1500 Colonial Blud | | ID Code | | | |
| Fort Myers F1 33 | 3907 Lee county: | | | | |
| NAME OF AGENCY : | | | | | |
| NAME OF OFFICE OR POSITION HELD OR S | ID No. | | | | |
| You are not limited to the space on the lines on the CHECK ONLY IF CANDIDATE OR | ee ⊝F1 | | | | |
| 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 (If you have nothing to report, you | [Major sources of income to the reporting person] u must write "none" or "n/a") | · · · · · · · · · · · · · · · · · · · | | | |
| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | |
| RARCO In. Properties. | 1500 Colonial Blw. | Real Estate | | | |
| City Bank Stock | PO BOX 6500 5104x1 | Falls Divident Income. | | | |
| | | 2007 | | | |
| (If you have nothing to report, you have OF NAME OF | ou must write "none" or "n/a") | of income to businesses owned by the reporting person] RESS PRINCIPAL BUSINESS DURCE ACTIVITY OF SOURCE | | | |
| | | | | | |
| A | | | | | |
| PART C - REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a") | | FILING INSTRUCTIONS for | | | |
| Johnial + Winkler Prop. | when and where to file this form are located at the bottom of page 2. | | | | |
| Royal Palm Office 3: Metro Flex Bulding | INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. | | | | |
| 1 reno 1 rex 1201/VINT | 50% interest | OTHER FORMS you may need | | | |
| | | to file 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 INTANGIB | LE I | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | |
| STOCKSH | | | | |
| 9,00. | | | | |
| | | | <u>·</u> | |
| <u> </u> | | | · · · · · · · · · · · · · · · · · · · | |
| | | <u> </u> | <u></u> | |
| PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a") NAME OF CREDITOR ADDRESS OF CREDITOR | | | | |
| | | | | |
| OLD FLORIDA Z WACHOVIA | www | 2325 Vanderbitt Beach Ra# 101 www.wachovia.com. Naples FL 34109 | | |
| | | | | |
| | | | | |
| PART F — INTERESTS IN SPECIFIC (If you have nothing to | ED BUSINESSES [Ownership or preport, you must write "none" or BUSINESS ENTITY # 1 | positions in certain types of businesses] "n/a") BUSINESS ENTITY # 2 | BUSINESS ENTITY#3 | |
| NAME OF BUSINESS ENTITY | RARCO Inv. Pmp. | | | |
| ADDRESS OF BUSINESS ENTITY | 1500 Colonid Blu | | | |
| PRINCIPAL BUSINESS ACTIVITY | Real Estate | | | |
| POSITION HELD WITH ENTITY | Prs. + CEO | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | 100% | | | |
| 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): 6-11-11 | | | | |
| 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 mustile within 30 days of the date of his or happointment or of the beginning of employment. Appointees who must be confirmed the Senate must file prior to confirmation, every if 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 a 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, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.