FORM 1	STATEM	IENT OF		2010		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5			
	ne: ECD	FOR O USE O				
MAILING ADDRESS: 2213 And Rosa L	N		1 ID Co			
FT MYERS F	LEE					
LEE COUNTY BOACD	TS & REALESANS	ID N	ġ.			
NAME OF OFFICE OR POSITION HELD OF			Code III			
You are not limited to the space on the lines on	· · ·		<u> </u>			
			فككري بد			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINAN A FISCAL YEAR. PLEASE STATE BELOW W DECEMBER 31, 2010		ECEDING TAX YEAR, WHETI	HER BASE YEAR END	ING EITHER (must check one):		
· · · · · · · · · · · · · · · · · · ·				IUAR TEAK:		
MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR U instructions for further details). PLEASE STAT	OPTION OF USING REPORT	IOLDS, WHICH ARE USUALI	LY BASED	ON PERCENTAGE VALUES (see		
COMPARATIVE (PERCENTAGE) THR	ESHOLDS <u>OR</u>	DOLLAR V	ALUE THE	RESHOLDS		
PART A PRIMARY SOURCES OF INCOM (If you have nothing to report, y						
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
AQATHERA SCAP SUP	Pry 2215 AND PS	A LN FM FL 3391		outer Distributon		
SOLAR INVESTMENTS IN	2 2213 And Aura	LN, FA, F13382	Con	M ROTAL BUSINESS		
, 			<b> </b>			
PART B SECONDARY SOURCES OF INC (If you have nothing to report,	you must write "none" or "n/a'	")	o business.			
				PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
w/A				·		
· · · · · · · · · · · · · · · · · · ·						
PART C REAL PROPERTY [Land, building (If you have nothing to report, yo	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
15110 INTRALO ASTAL	F FM, FC 3	3908		RUCTIONS on who must		
18551 NALLE RO	- 35801	file this	s form and how to fill it out on page 3.			
9671 GLADIQUES	NFM to 339	Fr 33901		R FORMS you may need are described on page 6.		

PART D INTANGIBLE PERSON/ (If you have nothing to							
	• • •	1	•				
		<u> </u>	BUSINESS ENTITY TO		PROPERTY RELATES		
		<u> </u>					
				<u> </u>			
			<u> </u>				
					· · · · · · · · · · · · · · · · · · ·		
PART E — LIABILITIES [Major deb (If you have nothing to	•	vrite "none" or "i	n/a")				
	DR	ADDRESS OF CREDITOR					
FIRST COMMUNITY B		157.5	1565 RED CODAN DA, FM. PL 33907				
				<u>, 1 14</u>	156 -5.07		
FT MYEN		<u> </u>			·····		
PART F — INTERESTS IN SPECIFIE (If you have nothing to re				sses]			
()		S ENTITY # 1	BUSINESS ENTI	TY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	AQUATHEAN	1 Socan	Soupe fire	(Murs	LuNAR INUTSTU	0N7	
ADDRESS OF BUSINESS ENTITY	2213 Anda	A cas p	MFL SSSIL	SAME	SAMO		
PRINCIPAL BUSINESS ACTIVITY	salan Edwip		COMM REDUTEL	Pase	COMM ROWTHE F	Pase	
POSITION HELD WITH ENTITY	PRESIDENT		PRESIDENT	-	PARTNER		
I OWN MORE THAN A 5%			THE SIDE NY				
INTEREST IN THE BUSINESS	Ye3		107	•	782		
OWNERSHIP INTEREST						_	
IF ANY OF PARTS A T	HROUGH F AR		D ON A SEPARATE S	HEET, PLE			
				E SIGNED (r			
/	1. del	un	$\sim$	•	7/25/11	·	
			STRUCTIONS				
WHAT TO FILE:		VHERE TO FI			N TO FILE:		
After completing all parts of this form, including If you were		you were mailed	were mailed the form by the Commission Initially, each local officer/employee,				
sheet (pages 1 and 2) for filing. you		n Ethics or a County Supervisor of Elections for officer, and specified state employee rough annual disclosure filing, return the form to file within 30 days of the date of his or			or her		
If you have nothing to report in	that location.		ment		pointment or of the beginning of employent. Appointees who must be confirmed to		
section, you must write "none" or "n/a" in that of		f Elections of the county in which they perma-					
section(s).			ou do not permanently resid the Supervisor of the count	ie annoir	itment.		
Facsimiles will not be accepted.	I not be accepted. where your ag		cy has its headquarters.) Cano		ndidates for publicly-elected local office st file at the same time they file the		
				lifying papers.			
Generally, a person who has filed Form 1 for a 157		5709, Tailahasse	709, Tallahassee, FL 32317-5709; physical		after, local officers/employees s, and specified state employe		

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.

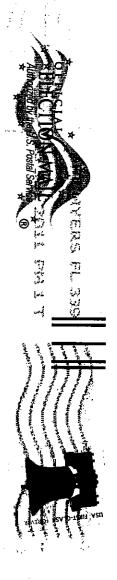
201, Tallahassee, FL 32312.

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 po tions.

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 da of leaving office or employment.



## SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545

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