

FORM 1

STATEMENT OF

2009

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

YORKSON MARC Allen

MAILING ADDRESS:

1431 Jefferson Ave

CITY: ZIP: COUNTY:

Ft. Myers 33901 Lee

NAME OF AGENCY:

Historic Preservation Comm

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Commissioner

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 ☒ APPOINTEEFOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

10NDV29M0925SNE Lee Co F

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 (check one):



DECEMBER 31, 2009

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 (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
Stifel Nicolaus	632 Del Prado Blvd North Cape Coral 33909	Stock broker
3767 Castle Ford Rd	Boone N.C.	Real Estate Rental

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
Home - Second		Boone NC	Real Rental

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

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

1431 Jefferson Ave Ft Myers FL
3767 Castle Ford Rd Boone NC

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.

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
None Stifel Nicolaus IRA	Mare Yortson

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of America	Charlotte NC

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/A		
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY	N/A		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A		
NATURE OF MY OWNERSHIP INTEREST	N/A		

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

SIGNATURE (required):

DATE SIGNED (required):

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.

FILING INSTRUCTIONS:

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.

FORM 10**ANNUAL DISCLOSURE OF GIFTS FROM GOVERNMENTAL ENTITIES AND DIRECT SUPPORT ORGANIZATIONS AND HONORARIUM EVENT RELATED EXPENSES**

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Yarkson Marc A

THIS STATEMENT REFLECTS GIFTS AND HONORARIUM EVENT RELATED EXPENSES RECEIVED DURING CALENDAR YEAR 200__.

DO NOT FILE THIS FORM IF YOU HAVE NOTHING TO REPORT ON IT.

MAILING ADDRESS:

1431 Jefferson Ave

NAME OF AGENCY:

Historic Preservation

CITY:

ZIP:

COUNTY:

Fl. Myers 33901 Lee

OFFICE OR POSITION HELD:

Commissioner

NOTICE: Under provisions of Sec. 112.317, Fla. Stat., a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand or a fine up to \$10,000.

PART A -- GIFTS (HAVING A PUBLIC PURPOSE) FROM GOVERNMENTAL ENTITIES

NAME OF PERSON PROVIDING GIFT(S)	TOTAL VALUE OF GIFTS FROM THAT PERSON	DESCRIPTION OF INDIVIDUAL GIFTS	DATE EACH GIFT RECEIVED
None			

NONDISCLOSURE OF PUBLIC INFORMATION

PART B -- GIFTS FROM DIRECT SUPPORT ORGANIZATIONS

NAME OF PERSON PROVIDING GIFT(S)	TOTAL VALUE OF GIFTS FROM THAT PERSON	DESCRIPTION OF INDIVIDUAL GIFTS	DATE EACH GIFT RECEIVED
None			

PART C -- HONORARIUM EVENT RELATED EXPENSES

	EVENT #1	EVENT #2	INSTRUCTIONS on who must file this form and how to fill it out are on the reverse side. FILING INSTRUCTIONS for when and where to file this form are located on the reverse side.
NAME OF PERSON PAYING EXPENSES	None		
ADDRESS OF PERSON			
AFFILIATION OF PERSON			
AMOUNT OF HONORARIUM EXPENSES			
DATE(S) OF THE EVENT			
DESCRIPTION OF EXPENSES PAID EACH DAY			
TOTAL VALUE OF EXPENSES FOR THE EVENT			

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

REMEMBER TO ATTACH COPIES OF ALL STATEMENTS PROVIDED TO YOU BY PERSONS AND ENTITIES PROVIDING OR PAYING FOR THE GIFTS AND HONORARIUM EVENT RELATED EXPENSES DISCLOSED ON THIS FORM. YOU MUST DISCLOSE ALL OF THESE KINDS OF GIFTS AND EXPENSES EVEN THOUGH YOU DID NOT RECEIVE A STATEMENT OR REPORT FROM THE PERSON OR ENTITY PROVIDING THEM. YOU MAY EXPLAIN ANY DIFFERENCES BETWEEN THE ATTACHED REPORTS AND STATEMENTS AND THE INFORMATION PROVIDED ON THIS FORM BY ATTACHING AN EXPLANATION TO THE FORM.

SIGNATURE: 

DATE SIGNED: 11/23/10

INSTRUCTIONS FOR COMPLETING AND FILING FORM 10:

WHEN AND WHERE TO FILE: By July 1 of the year following the year covered by this form. Persons who file Form 1 or Form 6 should file this form with their Form 1 or Form 6. State procurement employees (see definition below) file this form with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 3600 Maclay Blvd. South, Suite 101, Tallahassee, FL 32312. This form need not be filed unless a reportable gift or expense was received during the time you held public office or employment.

WHO MUST FILE FORM 10: All persons who are required to file Form 1, Statement of Financial Interests, and all persons who file Form 6, Full and Public Disclosure of Financial Interests, including candidates (comprehensive lists are part of each of those forms) **except judges.** In addition, state "procurement employees" are required to file Form 10, as well as former reporting individuals and procurement employees who left office or employment during the calendar year covered by the report. You are a "procurement employee" if you:

(1) Are an employee of an office, department, board, commission, or council of the executive or judicial branches of state government; and

(2) Participate in the procurement of contractual services or commodities costing more than \$1,000 in any year, through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or any other advisory capacity.

INTRODUCTORY INFORMATION

(At the top of the form):

CALENDAR YEAR: Write the year covered by this form.

NAME OF AGENCY: This should be the name of the governmental unit which you serve or served, sought election to, or by which you are or were employed. For example, "City of Tallahassee," "Florida Senate," or "Department of Transportation."

OFFICE OR POSITION HELD: Use the title of the office or position you hold, sought, or held during the year covered

by this form (in some cases you may not hold that position now, but you still would be required to file to disclose your interests during the last year you held that position) For example, "City Council Member," "Member," "Purchasing Agent," or "Bureau Chief."

MAILING ADDRESS: Write your current mailing address here. If you are an active or former officer or employee listed in Section 119.071(4)(d), F.S., whose home address is exempt from disclosure, the Commission is required to maintain the confidentiality of your home address if you submit a written request for confidentiality. Persons listed in Section 119.071(4)(d), F.S. should provide an address other than their home address, if possible.

PART A — GIFTS FROM GOVERNMENTAL ENTITIES

[Required by Sec. 112.3148, Fla. Stat.]

Entities of the legislative or judicial branches, departments and commissions of the executive branch, counties, municipalities, airport authorities, school boards, water management districts created by 373.069, F.S., the Technological Research and Development Authority, and the South Florida Regional Transportation Authority may give, either directly or indirectly, a gift worth over \$100 to persons who file Form 1 or Form 6 or to state procurement employees if a public purpose can be shown for the gift. Part A should be used to list such gifts. Under the law, these governmental entities are required to provide you with a statement concerning these gifts by March 1; attach this statement to Form 10.

PART B — GIFTS FROM DIRECT SUPPORT ORGANIZATIONS

[Sec. 112.3148, Fla. Stat.]

Direct support organizations specifically authorized by law to support a governmental entity may give a gift worth over \$100 to a person who files Form 1 or Form 6 or to a state procurement employee if the person or employee is an officer or employee of that governmental entity. Part B should be used to list such gifts. Under the law, these direct support organizations are required to provide you with a statement concerning these gifts by March 1; attach this statement to Form 10.

PART C — HONORARIUM EVENT RELATED EXPENSES

[Required by Sec. 112.3149, Fla. Stat.]

Reporting individuals who file Form 1 and Form 6 and state procurement employees are prohibited from accepting an honorarium (a payment in exchange for a speech, oral presentation, writing, and the like) from a political committee or committee of continuous existence, from a lobbyist who lobbies them or their public agency (or has done so within the previous 12 months), and from the employer, principal, partner, or firm of such a lobbyist. However, these persons and entities may pay or provide a reporting individual or procurement employee and his or her spouse for actual and reasonable transportation, lodging, event or meeting registration fee, and food and beverage expenses related to an event at which a speech, presentation, or writing will be made by the public officer or employee. Part C should be used to describe these honorarium event related expenses. Under the law, the persons or entities paying for or providing such expenses are required to provide you with a statement concerning them within 60 days of the honorarium event; attach this statement to Form 10.

NOTE

Gifts that formerly were allowed under Sections 112.3148 and 112.3149, F.S., now may be prohibited expenditures under Sections 11.045 and 112.3215, F.S.

FOR MORE INFORMATION

Questions about this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864; information is also provided at: www.ethics.state.fl.us.