FORM 1

00	1
QU.	

2010 €

address, agency name, and position below:	LINTERESTS 105717883		
LAST NAME FIRST NAME MIDDLE NAME : George, Dean Michael	FOR OFFICE USE ONLY:		
MAILING ADDRESS: 5310 SE 109th St			
	ID Code RION C		
CITY: COUNTY: Belleview 34420 N	Marion County ID No. See 15 m		
NAME OF AGENCY : Belleview	Conf. Codes		
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Board Member	P. Req. Cage		
You are not limited to the space on the lines on this form. Attach additional she CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR			
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]			
	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY PLASHIES BLUE - REALESTATE. YEW 71. 34421		
PART B SECONDARY SOURCES OF INCOME [Major customers, clien (If you have nothing to report, you must write "none" or "n	ts, and other sources of income to businesses owned by the reporting person] /a")		
NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME	ADDRESS PRINCIPAL BUSINESS OF SOURCE ACTIVITY OF SOURCE		
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 when and where to file this are located at the bottom of			
	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		

105777883

DADT D. INTANCIBLE DEDGONA	DRODEDTY (Stacks hands contiferates of demosit atal)	
	PROPERTY [Stocks, bonds, certificates of deposit, etc.] port, you must write "none" or "n/a")	
, ,		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
		
	K)/A	
PART E — LIABILITIES [Major debt		
	port, you must write "none" or "n/a")	
NAME OF CREDITO	ADDRESS OF CREDITOR	
	M JA	
PART F — INTERESTS IN SPECIFIED (If you have nothing to re	BUSINESSES [Ownership or positions in certain types of businesses] ort, 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	\mathcal{K}	
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5%		
INTEREST IN THE BUSINESS NATURE OF MY		
OWNERSHIP INTEREST		
IF ANY OF PARTS A T	ROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE	
SIGNATURE (required):	DATE SIGNED (required):	
1 m	1. 5/26/11	
FILING INSTRUCTIONS:		
WHAT TO FILE:	WHERE TO FILE: WHEN TO FILE:	
After a constitution of the first first	Tribut 10 I take	

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.

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.

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.