

FINANCIAL INTEREST

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Storter Donna Lou

MAILING ADDRESS:
1450 Coffee Mill Hammock Rd

CITY : ZIP : COUNTY :
Moore Haven 33471-5606 Glades

NAME OF AGENCY :
Glades County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
County Commissioner District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2009, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 09 was \$ 2,445,885

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 222,645

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Allstate Insurance (policy cash value)	\$23,222
Coffee Mill Cattle Co (cattle ranch)	\$131,426
Florida Community Bank: checking, IRA CD, savings	\$10,279
Real Property Glades County S-T-R: 22-42S-30E, 27-42S-40E, 28-42S-30E	\$2,082,987
Smith Barney & Florida Retirement System (retirement funds)	\$39,377

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Citimortgage POB 6006 The Lakes NV 88901-6006 (home mortgage)	\$57,407
Ford Credit POB 105697 Atlanta GA 30348-5697 (auto loan)	\$6,644

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2009 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Glades County (salary & travel comp)	POB 10 Moore Haven FL 33471	\$27,312
Ohio National (annuity)	POB 237 Cincinnati OH 45201	\$11,385

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Coffee Mill Cattle Co		
ADDRESS OF BUSINESS ENTITY	Moore Haven FL 33471-5606		
PRINCIPAL BUSINESS ACTIVITY	cattle ranch		
POSITION HELD WITH ENTITY	Manager		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	partnership		

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

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Glades

Sworn to (or affirmed) and subscribed before me this 27th day of

May 2010 by Donna L. Starter

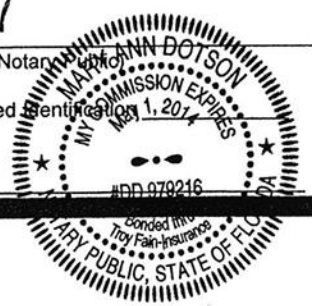
Mary Ann Dotson
(Signature of Notary Public--State of Florida)

MARY ANN DOTSON
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

Donna L. Starter
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
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.