FORM 1	STATEMI	ENT OF		2009		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS				
LAST NAME FIRST NAME MIDDLE NAME  ARAUL ARAU  MAILING ADDRESS:	n L	FOR OF		BTN/I/OT.		
Ft. Myers 339  CITY: ZIP  Lee County Hum  NAME OF AGENCY:  NAME OF OFFICE OR POSITION HELD OR S	county:  an Services  Sought:	5		NS:51		
You are not limited to the space on the lines on the CHECK ONLY IF CANDIDATE OR	is form. Attach additional sheets, if		d de	livered		
**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:  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 name of Source of Income	SOURGE ADDR	-	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
	OME [Major customers, clients, a ou must write "none" or "n/a") IE OF MAJOR SOURCES F BUSINESS' INCOME	nd other sources of income to ADDRESS OF SOURCE	busines	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings (If you have nothing to report, you			when are local INST file the begin	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.  RUCTIONS on who must is form and how to fill it out on page 3.  ER FORMS you may need are described on page 6.		

	AL PROPERTY [Stocks, bonds, certifice report, you must write "none" or "r				
TYPE OF INTANGIBL	E	BUSINESS ENTITY TO WHICH	THE PROPERTY RELATES		
NIA					
		V			
PART E — LIABILITIES [Major debt	s] report, you must write "none" or "n	/a")			
NAME OF CREDITO	1	ADDRESS OF (	CREDITOR		
JP Morean Chase P.D. Box 24696, Columbus, DH. 43224-065					
JP Morgan Chase P.O.Box 24696, Columbus, OH. 43224-069 Fine Mark National Bank 12681 Creckside have, Ft. Myers, Fl 3399					
110100000000000000000000000000000000000	COD-OK 77.607	o los soci parce,	14.711yers, 10 0070		
PART F — INTERESTS IN SPECIFIED (If you have nothing to re	DBUSINESSES [Ownership or position port, you must write "none" or "n/a" BUSINESS ENTITY # 1	ons in certain types of businesses] ) BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	NA				
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY	·				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A TI	HROUGH F ARE CONTINUE	O ON A SEPARATE SHEET, I	PLEASE CHECK HERE		
SIGNATURE (required):  DATE SIGNED (required):  (6/15/30/0					
	FILING IN	STRUCTIONS:			
WHAT TO FILE: After completing all parts of this form signing and dating it, send back or	where to fill in, including ly the first  where to fill if you were mailed if on Ethics or a Count	the form by the Commission Inc.	THEN TO FILE:  itially, each local officer/employee, staticer, and specified state employee mu		

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.

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, Taliahassee, 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.

file within 30 days of the date of his or he appointment or of the beginning of employ ment. Appointees who must be confirmed the Senate must file prior to confirmation, e 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 and required to file by July 1st following eac calendar year in which they hold their pesi tions.

Finally, at the end of office or employmen each local officer/employee, state officer, specified state employee is required to fil final disclosure form (Form 1F) within 60 d of leaving office or employment.