FORM 1	STATEMEN	Т ОГ	2009				
Please print or type your name, mailing address, agency name, and position below	FINANCIAL IN	TERESTS [					
LAST NAME - FIRST NAME - MIDDLE BATAL W. MAILING ADDRESS: 3071 SANTA	linn James	FOR OFFICE USE ONLY:					
CITY: <u>CAPE</u> COTAL NAME OF AGENCY: <u>BOARD</u> OF AD NAME OF OFFICE OR POSITION HEL <u>BOARD</u> member	ZIP: COUNTY: FL LLC SJHMENA + APPENTS DR SOUGHT:		D Code				
**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: 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):   OR OLLAR 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				
Ellsworth's HEATING COOLING GOT N TAMIAMI TY		r A	Alc + Heating contractor				
		er sources of income to bus ADDRESS OF SOURCE	inesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
		-					
	tings owned by the reporting person]						
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a") 3071 SAVI 41A BATBATA TUUL N CAPE CUTAL FL 3720 WALLCLT LAKE RD BATHOW FL			LING INSTRUCTIONS for nen and where to file this form e located at the bottom of page 2. STRUCTIONS on who must e this form and how to fill it out				
		be 0	gin on page 3. THER FORMS you may need 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")						
			BUSINESS ENTITY TO WHICH T	HE PROPERTY RELATES		
			<u> </u>			
			<u></u>			
PART E — LIABILITIES [Major de (If you have nothing to	bts] o report, you must write	"none" or "n	/a")			
NAME OF CREDITOR		ADDRESS OF CREDITOR				
Chase		Po Bax 9001871, LOUISVILLE KY 10290-187				
National City		PO Box 1820 DATON OH 45401-1820				
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")						
(ii you nave nouning to	BUSINESS EN		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	Ellsworth's	H+C	Jenking Hentt coul			
ADDRESS OF BUSINESS ENTITY			11361-1 TRACE LT JACKS	onville FC		
PRINCIPAL BUSINESS ACTIVITY			All + Heat contracto			
POSITION HELD WITH ENTITY	Aes. dent		Cicense Holdert Paste			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			1070			
NATURE OF MY OWNERSHIP INTEREST			Partner			
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):	MR-		DATE SIGNED	(required): ターく~ノ <i>〇</i>		
FILING INSTRUCTIONS:						
WHAT TO FILE:   WHERE TO FILE:   WHEN TO FILE:     After completing all parts of this form, including   If you were mailed the form by the Commission   Initially, each local officer/employee, state						

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.

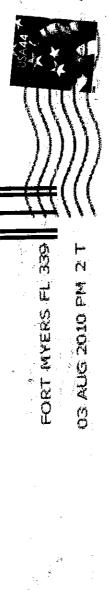
To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

*Initially*, each local officer/employee, state officer, and specified state employee mut file *within 30 days* of the date of his or he appointment or of the beginning of emploment. Appointees who must be confirmed to the Senate must file prior to confirmation, even if that is less than 30 days from the date of the appointment.

**Candidates** for publicly-elected local offic must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, star officers, and specified state employees a required to file by July 1st following eac calendar year in which they hold their pos tions.

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



**JEE COUNTY** 

SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545 CONSTITUTIONAL COMPLEX PORT MYERS. PLORIDA 33902 \*10AUGO40M11@2545